Contributors to the April Quarterly

Crowell, F. Elisabeth. ("Standards of Nursing in Connection with Tuberculosis Dispensaries"), is the Executive Secretary of the Association of Tuberculosis Clinics of the City of New York. Miss Crowell has made several important investigations and surveys in New York, Chicago and Pittsburgh.

Foley, Edna L. ("The Chief Points in the Field Nurse's Care of the Advanced Consumptive in His Home"), is our well-known Contributing Editor.

Stevens, Sarah B. ("The Tuberculosis Nurse and Some of Her Problems"), is a member of the staff of Tuberculosis Nurses in Cleveland, and graduated from the Huron Road Hospital in that city.

Kamerer, Pearl. ("Report of a Tuberculosis Exhibit at a Pure Food Show"), is a graduate of the Children's Hospital, Buffalo, and post-graduate of General Memorial Hospital and Sloane Maternity Hospital, New York. Miss Kamerer is a member of the staff of Tuberculosis Nurses in Cleveland.

Williams, Linsly R. ("Division of Public Health Nursing in New York"), is Deputy Commissioner of Health, New York State.

Stewart, Helena R. ("Public Health Nursing in Ohio"), is the State Supervising Nurse of the Division of Public Health Education and Tuberculosis, of the Ohio State Board of Health. Miss Stewart is a graduate of Brown University and received her training as a nurse in the New York Hospital, where she also had charge of the surgical department.

Kelley, Eugene R. ("Public Health Nursing in Massachusetts"), is the Director of the Division of Communicable Diseases of the Massachusetts State Department of Health.

Downes, Maynard. ("The Rural Public Health Nurse in Wisconsin"), is a member of the staff of the Wisconsin Anti-Tuberculosis Association.

Contributors to the April Quarterly

(Continued)

Thornton, Irene Blackledge. ("The Organization of State Finance Committees"), is State Chairman of the Indiana Membership and Finance Committee of the National Organization for Public Health Nursing.

Waterman, Richard. ("Efficiency in Public Health Nursing"), is Secretary of the Committee on Hospital Efficiency of the Philadelphia County Medical Society; he was formerly Director of the Children's Hospital of Philadelphia.

Brainard, Annie M. ("The Administrative Side of Visiting Nursing"), has written two more installments of the series of articles commenced in our January issue.

Harman, Sue W., has collaborated with Miss Brainard in the article on "The Supply Committee," and compiled the "List of Supplies Needed." Miss Harman is a Trustee of the Visiting Nurse Association of Cleveland, and was Chairman of the Association's Supply Committee last year.

Collins, Jessie H. ("The Household Educator"), is a graduate of Grey's Hospital, London, England; she also holds the Public Health Nursing certificate of Columbia University. Miss Collins was formerly Household Educator for the North American Civic League for Immigrants in New York City, and later Supervisor of the same; she is now Household Educator for the Toledo District Nurse Association and the Thalian Anti-Tuberculosis Society.

Pritchard, Mary A. and **Strain, Mary E.** ("Treatment and Nursing Care of Varicose Ulcers in District Homes"), are staff nurses of the Visiting Nurse Association of Chicago; both are graduates of the Henrotin Memorial Hospital.

Cutter, Martine. ("That Polish Coat"; "Roses or Roosters"), is a graduate of Somerville General Hospital, and was formerly Visiting Nurse to the Hackley Hospital. Miss Cutter is now a member of the Social Training Class for Nurses in Cleveland.

THE

Public Health Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities.

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Contents

MISS ELLA PHILLIPS CRANDALL,
EXECUTIVE SECRETARY NATIONAL ORGANIZATION
FOR PUBLIC HEALTH NURSING

The Public Health Nurse Quarterly

VOL. VII. APRIL, 1915 NO. 2

Editorials

I.

What does the National Organization for Public Health Nursing Represent?

The National Organization for Public Health Nursing is an aggregation of faithful members, both individual and corporate, consisting of nurses, laymen and laywomen, nursing organizations and business organizations, whose duty and privilege it is to contribute money in the shape of dues and donations as well as time, thought and energy to the upbuilding and maintenance of a nation-wide practice of public health nursing which shall help to increase health in the United States.

There were many hundreds of Visiting Nurse Associations in this country before the National Organization came into existence. A national, voluntary organization such as ours inevitably follows the trend of American feeling and exists only as a union of its parts and with the

purpose of relating these parts to one another and providing a means of intercourse and interaction between them for the common good.

The National Organization maintains a central office in New York City, which is working headquarters for its Executive Secretary, Miss Ella Phillips Crandall. During these first three pioneer years she has been obliged to carry not only the executive business of the office, but the field work also, since calls for her personal help and counsel reach her from all parts of the country.

The organization publishes at intervals and sends without extra cost to its members, a bulletin which aims to give useful instruction and to weld the units of its membership into a whole whose parts shall constantly become less separate and less unequal. It also publishes the Public Health Nurse Quarterly, which is its official organ and whose pages seek to give a fair opportunity for the discussion of problems which concern the health of the country, as affected by prophylactic care, instruction and other forms of active health propaganda embodied in public health nursing work. It also publishes the record of work done and the methods which seem most fitly to subserve this newer ideal of our time, whereby health is something not alone to hope for, but an end to be obtained by constructive and faithful effort. The Public Health Nurse Quarterly is published from a second, smaller office in the Middle West, provided by the generosity of an associate member.

The Finance Committee, the third vital organ of the National Organization, has been carried on during the past two years in Chicago, so that the structure, as you will see, is supported on wide flung foundations.

The National Organization for Public Health Nursing has a definite and published minimum standard for public health nursing, and this standard constitutes a principle of affiliation which secures for such work a permanent quality of excellence. It is, as we have said, inherent in the American nature to desire national expression for local and state activity. Indeed, that most wonderful of documents, the

American Constitution, was in large measure applied before it was embodied in printed form. The National Organization for Public Health Nursing consists of its members. What we are in number, strength and quality *it* will be, because we are its life and its support—its reason for existence. If we increase and multiply it will become the source of strength which this great nation has a right to ask of us laymen and nurses associated in a work which has as its purpose the building up of the health standards of the people. And by people, we mean the word in its broadest interpretation—for people of all classes and conditions need the encouragement, instruction and practical support of nurses whose aim is the common good.

II.

Evolution in Words

The word Public Health Nurse is in process of formation. Those who are at work helping the word to fulfill itself are perhaps at present those least qualified to define its meaning.

It is impossible to do honest, purposeful labor without growing in response to the needs of such labor, and there is a species of natural evolution in living words which keeps the dictionary man busy recording their development.

Who can tell at just what point *morbidity statistics* commence to infringe a little upon the interest of *mortality statistics;* or when the word *prevention* enlarged itself at the expense of the word *cure;* or when the *visiting nurse* became the *public health nurse?* The gradual change of emphasis from one word to another accomplishes itself quietly and by common assent. Then suddenly someone is asked to define a word, and one finds that in actual practice the word has long been in possession of its extended significance, and that the faith already in practice only awaits confession.

III.

What Is a Public Health Nurse?

There have been so many misunderstandings in regard to the precise meaning of the names "Public Health Nurse," "Visiting Nurse," "District Nurse," etc., and so many requests for definitions of the same that we have felt it might be of use to try to define, as simply and explicitly as possible, a few of the many names applied to the old-time visiting nurse in her new role of public health nurse, and to explain to the readers of the Quarterly what are usually accepted as the functions of the various types of nurses included under the general name, "Public Health Nurse."

DEFINITIONS.

Public Health Nurse. (A term now used instead of the name Visiting Nurse).

A graduate nurse who is doing any form of social work in which the health of the public is concerned, and in which her training as a nurse is recognized as part of her equipment. She may be employed by municipalities or public offices, such as schools, Health Departments, etc., or she may be employed by Visiting Nurse Associations, Anti-Tuberculosis Societies, Infant Welfare Societies, factories or industrial corporations; or any public or private person or group of persons.

District Nurse or **Visiting Nurse.** A Public Health Nurse who is doing general visiting nursing in a district, either urban or rural. General visiting nursing consists in nursing care to any member of a family who is ill, in contradistinction to specialized care to certain members (such as infants, school children, life insurance policyholders, etc.), or for special diseases (such as tuberculosis, contagious diseases, cripples, etc.) The District Nurse may or may not do special work also, but she always does the general nursing for general illness in the family and gives instruction in hygiene, sanitation, and care of the patient.

Tuberculosis Nurse. A Public Health Nurse who cares for tuberculosis patients. She may give instruction only, or follow up patients from clinics to see that the doctor's instructions are followed, leaving the actual nursing of bed patients to District Nurses; or she may add some bedside care to her work of instruction and investigation. In either case, however, she gives her care to tuberculosis patients only.

Baby Nurse. A Public Health Nurse who looks after the welfare of babies, or young children under three years of age. The babies may be ill, or they may be well. The general work of the nurse is instructive. She teaches the mother how to care for her infant, and, when necessary, how to prepare milk for the infant's feeding. In all cases the care given by the nurse is confined to the baby, or the interests of the baby.

Maternity Nurse. A Public Health Nurse who takes care of maternity cases only. The care includes that of mother and child during a limited period after birth, and usually a few pre-natal visits of instruction to the mother; but does not include care at the time of confinement.

School Nurse. A Public Health Nurse who has supervision of school children. She visits the home only to give advice as to care of children, or to see that the instructions given by the medical inspector at the school are being followed; she gives no nursing care except slight dressings and the first aid treatments at the school dispensary.

Industrial Welfare Nurse. A Public Health Nurse employed by a factory, business house, or industrial corporation for the care of its employees. She may spend all or half of her time at the factory, etc., where she gives first aid treatment, attends to dressings, or assists a physician in charge. She often also does investigation as to health of employees, and sanitary working conditions. She visits the homes of employees to investigate causes of absence, or when there is illness.

Hospital Social Service Nurse. A Public Health Nurse employed by a hospital to investigate home conditions of patients; to follow up dismissed patients in order to see that home conditions are conducive to full recovery; and to follow up dispensary patients when necessary. She also assists the doctors during dispensary hours.

These seven types of public health nursing are the most common. There may be as many forms of public health nursing, however, as there are forms of social work in which the nurse, *as a nurse,* is useful. She may be bedside nurse, dispensary nurse, follow-up nurse, instructor, investigator, sanitary officer, etc.; she may be district nurse, baby nurse, school nurse, tuberculosis nurse, etc.; but in each and every case she is a Public Health Nurse. (In an earlier stage of our social development called a Visiting Nurse.) Therefore, when there are several types of public health nursing being carried on in the same town or community, it is always best to have them very closely allied in their work and, if possible, centralized in their government. This can be accomplished by having all the nurses form one staff of one single organization, as in the Visiting Nurse Association of Providence; or by having a Central Committee on Public Health Nursing, on which each organization doing public health nursing in the city has representation and an equal voice in the general management, as in Cleveland; or, finally, it can be obtained by having a local organization for public health nursing affiliated with the National Organization, the membership of which shall be composed of all nurses doing public health nursing in the community.

The first method gives the simplest and closest affiliation, and makes it possible for one central office to direct and protect all forms of Public Health Nursing in the community. It is probably the best form for a small town.

The second method is more flexible, gives greater opportunity for growth, and yet makes it possible for a central group of people to supervise all the essential points

common to all forms of the work; i. e., standards of nurses and of work, uniformity of hours, regulation of salaries, etc. This method is satisfactory in large cities where there are many types of nursing being carried on under many different organizations.

The third method does not give as close affiliation in the work, and is more in the nature of a club. Still, as it is affiliated with the National Organization it preserves the standards and general requirements found necessary by that organization, and gives unity and sympathy among the nurses in their work and efforts. This method can be pursued in connection with either one of the two previously mentioned methods, or can be used alone. It is especially valuable where there are single nurses working alone in more or less separated districts; and is also valuable when the nurses feel the need of union, but the Boards of Managers see no need of affiliation.

In every place, however, when there are two or more nurses working, or two or more types of public health nursing being carried on, an effort should be made to affiliate in some manner so that the same standards may be followed, that unity and solidarity in the work may be accomplished, and so that all duplication or overlapping of work may be avoided, and, in consequence, all unnecessary expense.

IV.

The Character of the Material in this Number of the Quarterly

We have endeavored, in this number of the Quarterly, to publish several papers bearing on the direct care of the patient in the home, feeling that such articles will be of great value to nurses engaged in the actual care of these cases. We also print several strong papers by nurses, which would serve admirably as teaching material. Together with these papers are articles on topics of general interest in the public health nursing field, and our serial articles on the administrative side of public health nursing organizations.

Standards of Nursing in Connection With Tuberculosis Dispensaries*

F. E. Crowell.

In the short time allotted to me, I cannot do more than outline the various factors to be considered in any attempt to establish standards for tuberculosis nursing. I shall present for your consideration the following topics.

First: The professional and personal qualifications of a tuberculosis nurse;

Second: The development of her work, considering the method of attack and the necessity for co-operation;

Third: Kinds of work, classifying her activities as technical, instructive and social;

Fourth: The organization of her work, considering her relation to the dispensary, the necessity for an efficient record system and the limiting of her work to a certain number of families.

If the statements made seem to be arbitrary, it is due to the necessity for brevity rather than any unwillingness to have the opinions expressed modified according to the judgment or experience of others.

Qualifications for Tuberculosis Nurses, Professional and Personal

First, with regard to the professional qualifications of a woman for tuberculosis work, it should be considered essential that she be a regularly trained and graduated nurse, having complied with the registration requirements of the state in which she lives. This may bar out an occasional individual who seems especially fitted for the work, but as a working principle its value is indisputable. It guarantees a minimum standard of professional fitness, it

*Paper read at the Tuberculosis Conference held at Syracuse.

constitutes an undeniable claim upon the confidence of the physicians with whom she works, it establishes her position with other members of her profession who may be working in the same community, and it gives her a certain authoritative backing when dealing with the lay public. I have no quarrel with the dispensary who wants to try out the experiment of carrying on its work with a trained social worker, but if it is going to have a nurse, let it get one with a guarantee of being up to a certain standard.

Previous experience in visiting nursing and a first hand knowledge of methods of social work, while not absolutely essential, are exceedingly desirable, as is also a general familiarity with various other forms of public health work.

Chief among the personal qualifications should be considered the motives inducing a nurse to take up this particular form of work. Too often one hears an applicant give as the reason for her desire to do tuberculosis nursing that she is tired of private nursing, that she is worn out from the strain of irregular hours and that she wants to be able to call her own a certain portion of her time. Naturally one sympathizes with her feelings in the matter, but a worn-out, middle-aged woman seeking an easier job does not bring the enthusiasm, the optimism and the endurance necessary for tuberculosis work. On the other hand, a nurse who protests against the monotony, the lack of opportunity for initiative or for self-development in private nursing and who feels that tuberculosis or any other form of public health nursing offers her wider chance for development and for service has, I should say, the right point of view and will undoubtedly prove to be a valuable worker.

Another essential personal qualification is, for want of a better word, what I would call flexibility. She must learn to be an opportunist. She will be obliged to force many a distasteful plan, many an unwanted, apparently unneeded change in a family's way of living. Results must be gotten by persuasion and by compromise, with a sympathetic comprehension of the patient's viewpoint.

The question of where we should seek nurses for tuberculosis work is one that I particularly wish to hear discussed this afternoon. In New York there come repeatedly to my attention on the one hand, nurses who wish to take up tuberculosis work and on the other hand, out of town jobs looking for tuberculosis nurses. The difficulty is to match them up. The nurse who is accustomed to living and working in the large city is unwilling to transfer her activities to the smaller towns. It has seemed to me, in view of this very real difficulty, that tuberculosis associations employing nurses might well consider the feasibility of selecting properly trained nurses from their own communities, affording them the opportunity, without expense to the nurses themselves, of acquiring a certain degree of familiarity with the methods of work in vogue in the large centers. This plan should insure continuous and efficient service from one who knows the community and who is contented to make her home there.

Development of Work

According to the original source of the demand for services for the tuberculosis nurse, depends the method of attack. If a general interest in public health already exists, if some form of visiting nursing has already been carried on and if the employment of a special nurse to develop tuberculosis work has come as a result of a desire for more intensive care for tuberculosis cases, her task will be a comparatively easy one. The field has been prepared, the seed has been sown and she can comfortably go to work to gather the harvest. If, on the other hand, interest in tuberculosis work has been artificially stimulated from the outside and exists only amongst a small group of people she will be confronted with the problem not only of educating and supervising her tuberculosis patients, but of finding them and of educating her whole community as to the necessity of caring for them adequately. Here, again, she will have to be an opportunist and her point of attack should be along the line of least resistance. It may be a bit of

bad housing which she can bring to the attention of the authorities; it may be the ferreting out of physical defects in school children; it may be the bedside care of a terminal case of tuberculosis; it may be the tracing of infection to conditions of work in the factory or shop or the discovery of an infected milk supply which will win the first recognition of the value of her services.

Cooperation must be the keynote of all her endeavors. This has been a pretty badly abused word according to the lights of the individual. Its essential meaning is not to get the other fellow to do your work, but to work with the other fellow. To be intelligent and effective it must be based upon a personal relationship with individuals and a knowledge of the scope and limitations of other agencies. If a nurse is going to cooperate successfully with a health board, she must be thoroughly familiar with its sanitary code. If she is going to cooperate with a social agency, she must know what the particular job is that the agency sets out to do. If she is going to cooperate with the private physician, she must know him personally and convince him of her trustworthiness. The success or failure of a dispensary may be largely decided by the attitude of the private practitioners in a community. She will have to tread most carefully to avoid pitfalls of professional jealousy on the one side without neglecting opporunities for service on the other.

Organization of Work

Defining her relation to the actual work of a dispensary, it might be well to recall first, what have been many times stated to be the functions of a dispensary. First, to diagnose; second, to treat medically; third, to supervise the home; fourth, to serve as a clearing house for institutions; fifth, to educate the general public. The first two functions belong without question to the physician. The home supervision and the general education will as naturally fall to the province of the nurse, while the responsibility for securing institutional treatment will fall in a large measure upon

her. The physician will select suitable cases and will advise their institutional care, but in many instances the nurse not only will have to persuade the family to follow the doctor's advice but the economic and social needs of the family will render imperative some shifting and changing of home conditions so as to make it possible for the patient to leave home.

The organization of the work of a dispensary as a whole is going to depend largely on the nurse. Organization means saving of energy, of time and of money with increased efficiency. No one factor is more important than an efficient record system which notes not only medical and social facts regarding individual patients, but also the disposition of the nurse's time and the kind and amount of work she accomplishes. *What* has been done, *when* it has been done and *for whom* it has been done should be clearly recorded in such fashion as to be available at any time for any person. The available record of her work in the homes and of conditions as she finds them will be useful to the community, to the work and to the patient himself. It is hard to convince a busy nurse that the time spent on records is not wasted time. Usually it is only after years of experience that she realizes that the busier she is the greater the necessity for systematizing her work and that the simplest system is to record what she has done as an evidence of what still remains undone.

As to the limitation of a nurse's work, according to her capacity to give efficient service, a more or less arbitrary standard has been set of 100 patients per nurse. This includes both dispensary care and home supervision as well as the bedside nursing of a few stray cases.

Kinds of Work

First, as to technical nursing. Of this, there will be very little. In the dispensary, her work will resolve itself into the usual duties of a physician's assistant, taking temperature, pulse and weight and recording same, preparing the patient for physical examination by removing the cloth-

ing, amplifying and emphasizing the physician's instructions. In the homes there will be a small amount of bedside nursing necessary for cases temporarily acutely ill and for certain terminal cases who will not avail themselves of institutional care. In no instance, however, should this bedside nursing be given as a substitute for institutional care.

By far the larger part of her work will be instructive and social. Infinite tact, infinite patience and infinite perseverance only will accomplish the instillation of fundamental principles of hygiene and sanitation into unwilling, uninterested, prejudiced and uneducated minds.

If she is dealing with foreign nationalities, it is extremely essential that she should understand the racial ideals and customs of the particular people with whom she is dealing. She should teach slowly and carefully, selecting one responsible member of the family. If it is necessary to use an interpreter, a practical demonstration should always be given of even the simplest things. She should beware of trying to teach too much at one time. It has taken her months to learn what she is trying to teach and the reasons why. She cannot expect the mere telling of these things once or even twice to be effective.

As regards her social work for the families with whom she is dealing, the amount required will be naturally governed by the existence or non-existence of organized agencies for social work in the particular town in which she is working. Certain forms of social work, such as mothers' meetings, special classes of selected cases, clubs for boys or girls should be considered a legitimate part of her preventive work. She is most unwise to undertake the administration of material relief if there are already in existence any organized relief societies. The responsibility for this work should be put squarely up to the agencies who are supposed to do it. If they are not meeting their responsibility adequately, a nurse should endeavor to convince them of their failure rather than assume the administration of any special fund to supply their deficiency.

It is quite possible, however, that in certain communities where no such agencies exist, she will be confronted with the need for relief in families that she is caring for and has no way to meet it otherwise than through her personal efforts. Under no circumstances should she, however, assume the entire responsibility even here. People interested sufficiently to give money or clothing or other necessities, if properly approached, will be equally interested in getting together and discussing the problems of the families they are trying to help. From this group, interested primarily in the needs of tuberculous families, there may develop a realization of similar needs elsewhere in the community and we may have the nucleus from which an organized relief agency may be formed.

As to the value of the nurse in the whole campaign, I think there can today be no dispute. I have seen excellent medical work rendered abortive through the indifference of a nurse who failed in her follow-up work. On the other hand, I have seen indifferent medical work completely offset by the enthusiasm and interest of a nurse who was practically carrying the entire burden and responsibility for a dispensary. In the long run, a clinic is going to stand or fall through the character of its nursing service. The physician gives usually not more than two hours out of a busy day two or three days in a week. The nurse gives all day and every day.

The tuberculosis nurse has been the target for a goodly amount of criticism during the past few years. A product of the modern demand for specialization, she entered a new field of work with no special preparation of her own and no experience of others to guide her. Nurses have criticized her because she did no actual nursing. Social workers have criticized her because she either failed to see the social implications of tuberculosis or saw them distorted through the lens of her medical interest. A pessimistic public, both professional and lay, have cavilled because she did not pile up brilliant results and finally, even her patients

themselves have rounded upon her because she did not come "bearing gifts" but offered them only precept and advice. Some of her difficulties are inherent in the situation itself and will disappear only when economics have either solved the problem of a fair living wage and a decent standard of living for all, or else admitted the necessity of society's permanently subsidizing an irreducible minimum of the socially unfit. Other difficulties might disappear if the same effort that has been made to standardize medical practice in the diagnosis and treatment of tuberculosis should also be applied to the standardization of what is commonly known as tuberculosis nursing.

The Chief Points in The Field Nurse's Care of the Advanced Consumptive in His Home

EDNA L. FOLEY.

To the field nurse, the term "advanced consumptive" implies a patient suffering from such extensive pulmonary tuberculosis lesions that he is considered a hopelessly incurable case. If not entirely confined to bed, his world is limited to a single room or at least to his own home. He is emaciated, irritable, easily excited and is usually distressed by a racking cough, profuse expectoration, afternoon fevers and weariness of flesh and of spirit. In addition to these personal afflictions, he is a source of steadily increasing expense to his family and invariably, toward the last, a menace to those who live with him and care for him.

The chief danger to others lies in the fact that his expectoration contains tubercle bacilli that can and do infect dishes, linen and even furniture, no matter how careful the patient may desire to be. In a well regulated home or institution, the dangers from this infection may be nil, but the average home to which the field nurse is called is neither well regulated nor economically able to give adequate care to a patient suffering with any communicable disease. This danger of infection is slight to the casual visitor, it is serious in its effect upon relatives and friends, especially little children, who are thrown in frequent and intimate contact with the patient and his belongings.

Hence institutional rather than home care for the advanced consumptive is urged by all writers. Dr. Knopf advocates compulsory hospitalization, which is covered by a municipal ordinance in New York City, and Dr.

Newsholm, while less emphatic in his insistence upon compulsory institutional care, advises that the power to so commit patients be placed in the hands of local magistrates. The difficulty with compulsory hospitalization lies chiefly in the fact that, whereas ordinances regarding communicable diseases do permit many Departments of Health to send patients to hospitals, they (outside of Minnesota) do not permit hospitals to keep patients involuntarily, hence its chief weakness. And the greatest obstacle of all to the commitment of such patients to public institutions is their quite natural longing to remain at home.

Doctors and nurses may advise hospital care, but it will be long before all patients can be forced, voluntarily or otherwise, to follow this wise counsel, hence good nursing care of the advanced consumptive in his home is a real need. A comfortable patient is more amenable to direction and restraints than one continually instructed to do what to him seems impossible and unnecessary. Therefore the chief points to be considered by the field nurse in the care of these patients are the following:

1. Nursing service,
2. Care of sputum, linen, room and dishes,
3. Attention to diet,
4. Instruction of patient and family,
5. Cleansing and disinfection after death or removal.

The literature on this subject is surprisingly meagre. Nursing text books offer little help, even books on fever nursing give very vague generalized instructions for the nursing of advanced consumptives. Walters advises that all febrile cases be relieved from exertion. Newsholm advocates warmer rooms, lighter and more easily digested food, "precise and rigid" precautions; and Rosenau is particularly helpful in regard to sputum and disinfection. Beyond these few references, however, all

writers are content with their unanimous recommendation of institutional care.

A nurse who attempts to give home nursing service to poor consumptives learns that good nursing technique is essential but that a kowledge of chronic patients, not taught in the average hospital, is imperative. This usually comes after a long and painful experience.

Bedridden tuberculous patients sometimes show an amazing vitality, can move in bed easily or may be fixed up in a chair while the bed is aired and made. Others breathe with as much difficulty as a terminal cardiac case, turning or moving seems out of the question and only the most considerate, skilful nurse can rub a back or change the sheets without inducing a paroxysm of coughing that leaves both patient and attendant exhausted. Other patients do not suffer from any one localized discomfort, but their backs ache, their knees are stiff, their heels itch or their elbows are sore from constant, restless tossing. Again, an advanced consumptive may be bed-ridden six months, another may slip away without having spent two consecutive days in bed throughout a long illness. Or complications, pleurisy, dyspnoea, diarrhea, indigestion, local infection and laryngitis may decidedly change the routine of "general care" given by most nurses to their home cases.

General care implies daily or by-weekly bathing, care of hands, teeth and hair. For a tuberculosis patient, the bath should be given with hot water and plenty of good soap, followed by an alcohol rub and the use of some powder. Both bath and rub should be given with as little friction as possible, rubbing being reserved for elbows, hips, spine and other pressure surfaces. Bedridden cases of tuberculosis perspire so easily and the perspiration leaves so disagreeable and characteristic an odor that brisk friction should be avoided Nothing more quickly removes unpleasant odors from a sick room

than absolute personal cleanliness of the patient and this is attainable in most cases only if all these details are considered. The bath should not be given in a cold room—usually the patient attends to this by refusing to be touched until the windows are closed. They may be re-opened when the bed is made.

If the flesh is sensitive and reddens easily, the back may be rubbed with a solution of eight ounces of 50% alcohol in which 1 drachm of powdered alum has been dissolved, and followed by a gentle massage of any reddened areas with zinc oxide ointment. The patient's hands should be thoroughly washed in hot water with soap. A nail-brush is not advisable unless it can be dried in the sun or disinfected after each using. The feet should be immersed in hot soapy water at least weekly, then rubbed with alcohol and powdered. Oil may be substituted if the heels are dry and painful, before the feet are bandaged in cotton rings.

Oil rubs are sometimes ordered for emaciated patients. These should follow a warm bath or an alcohol rub that the pores may be open to receive the oil. Only a small quantity of oil should be taken on the fingers at one time and very little friction should be used, although the entire body may be gone over during the rub.

Finger nails should be cleaned while the hands are being washed and the orange-wood stick used should be left in the patient's home. The hair should be combed daily. In tuberculosis, as in all febrile diseases, the scalp gets very dry and the hair falls out easily. Women mind this very much; they consider it a "bad sign." Brushing does not do any especial good, it is better to use a coarse comb and to wet the snarls with alcohol. Sometimes a little white vaseline rubbed into the scalp, helps to retard the falling out—at any rate it does no harm, the patient may apply it herself, a very little daily, and the mental effect is good. The pillow and night gown should be protected by a towel or paper, be-

fore the hair is combed. Men should always be shaved, both beard and mustache affording lodging-places for bacilli.

In many homes, it is better to prepare a mouth-wash daily for the patient, using a cotton swab, rather than a tooth brush. If a brush is used, it should be kept soaking in a 10% boric solution which should be changed daily. This probably won't be done or some other member of the family may appropriate the brush, hence the wisdom of the cotton applicator.

The bath water and used mouth-wash should be boiled or disinfected with lysol (2%) or chlorinated soda solution (1%) unless it is thrown immediately into a hopper with running water attachments.

For cracked lips and dried hands there is nothing more soothing than mutton tallow, worked to the consistency of cold cream by the addition of a little castor oil to which two or three drops of carbolic acid have been added. Commercial creams are good, but this is something that may be made in many homes and will be as efficacious and less expensive.

Bed-sores are something to be guarded against, for when they occur they are long in healing. Absolute cleanliness, massage of the surrounding tissue, and a dressing of zinc oxide ointment, zinc oxide ointment with castor oil, or castor oil and Balsam of Peru may be tried as the extent of the lesion indicates. Neglected sloughing bed-sores are best treated by hot boracic packs until the wounds are clean, then the above dressings may be applied. Sometimes touching up the edges with iodine or silver stick will help, but nothing does very much good. A system daily losing strength and vitality can make no headway against bed-sores. The best way to cure them is to prevent them.

Night-sweats should be prevented, rather than anticipated. They are often due to bad ventilation, too much bedding or to digestive disorders. Cornet ascribes

them to the action of a toxin of the tubercle bacillus or other bacilli on the sweat or heat regulative centers (Klebs); but recent writers believe that, except in terminal cases, sweats may be avoided by proper attention to the hygiene of febrile cases. After any excessive perspiration, the patient's gown should be changed with as little exertion as possible, a hot drink given and the time noted that a recurrence may be anticipated and if possible avoided next day. The family won't anticipate this, however, unless the nurse asks about night-sweats and leaves instructions in case they recur.

All this nursing care should be given with the same exquisite precision that is observed in any good hospital. Before touching the patient, the nurse's hat and coat should be removed, an apron put on, newspapers spread on the table beneath the bag and on the bedside chair or table, if there is one. Articles required for the treatment should be taken from the bag and laid on the newspaper. The temperature may be taken while the bath-water is drawn, but the nurse should not feel her patient's pulse and then return to her bag. She must observe the precautions she would take in a clean surgical case if she really wishes to instruct the family to give this service well. The friends will probably do it half as well, hence the necessity for the very high quality of her work.

After the temperature and pulse have been taken, the spread, comforter or blanket should be removed and folded over the foot of the bed and the bath given. Newspapers should be placed on the floor to receive soiled linen and this should be removed without its coming in contact with the nurse's arms or clothing. The bed should then be made up with clean linen, the pillows removed and freshened (if the patient is coughing much, the cases should be removed before this process) the blankets so arranged that there is no undue pressure on sensitive feet and the bathing materials cleared away.

If possible, it is a good thing to boil the face-cloth and bath towel at once; at any rate, they should be put in water with the rest of the linen and not left drying in the patient's room or in a common bath room.

A busy nurse can't stop to care for more than her patient, but she should take time on her second visit to teach someone to sweep and dust the sick-room. A damp cloth tied over the broom cleans the floor well without making too much dust and a damp, softer cloth makes a good dust-cloth. The attendant should be taught a routine of dusting; first the bed-side table, then the bed, the chairs, the window sills, the picture frame, door mouldings and other projecting or flat surfaces where dust may gather. Teach her to dust white surfaces first, then dark, to rinse both floor-cloth and duster carefully and hang them in the open air. Don't teach the use of malodorous disinfectants unless you are sure that they are needed. Chlorinated lime, 3%, is as efficacious, is cheaper and less disagreeable. If it is necessary to close the windows during the sweeping, open them immediately afterwards before the dusting is begun. Don't let the family forget any of these details. Even if they are not all carried out most families are going to try to please the nurse and they will succeed better if this simple but important process has been dignified in their eyes by her careful emphasis on its value.

As a rule, advanced tuberculosis patients are able to go to the toilet or to use a commode; but when bed-utensils are necessary, the family should be taught the least unpleasant ways of removing and cleansing them. It is not necessary to disinfect the excreta, (Walters).

All linen, towels, gowns, sheets, pillow-cases, stand-covers etc., from the patient's room, should be placed in cold water, or better in a 1% solution of chlorinated soda and allowed to stand 5 minutes. This should then be brought gradually to the boiling point and boiled 25 minutes. This process, which is used in the laundry of

the Cook County hospital for all linen, stained and otherwise, has proved itself to be as satisfactory as it is final in destroying bacteria and spores and removing all degrees of non-indelible stains. Chlorinated lime (improperly called chloride of lime), known also as "bleaching powder," is one of the most powerful disinfectants we possess. It is made by passing chlorine gas through lime. Freshly prepared chlorinated lime should have a very slight odor of free chlorine. A strong odor indicates deterioration. It is only partially soluble in water. A 5% solution destroys spores within an hour and a 1% solution will kill most bacilli in from 1 to 5 minutes. Of more interest to the housewife, however, is the fact that either of these solutions are bad for linen left soaking indefinitely, therefore the clothes should be thoroughly rinsed in several changes of fresh water or the solution should be brought to a boiling point, in order that the chlorine, which is hard on the linen fibre, may escape.

Blankets are ruined by boiling, but the free end which is bound to come in contact with the patient's hands, should be protected by a 12 or 16-inch strip of cotton cloth that is basted over the edge. This may be removed and washed whenever necessary.

The sputum of an advanced consumptive should be received in paper napkins or soft cloths, torn or folded in convenient sizes, about 6 x 6 inches. For very moist sputum, several thicknesses of either should be used. Paper sputum cups in metal holders may be used. They are offensive, easily upset and not always carefully handled, hence their home use is not often advocated. They can be far more easily disposed of in an institution.

Bed patients should be given large bags of heavy paper or newspaper cornucopiae that may be pinned to the mattress within easy reach of patient's right hand. The opening of either should be just large enough to receive crumpled napkins easily.

In homes where there are no coal stoves the napkins

should be burned in the furnace or in wire receptacles in alley or yard. Expert disposition of expectoration in its moist state must be insisted upon. Dried, pulverized sputum is the real menace in tuberculosis. Paper napkins may be thrown into the toilet, but this involves opening the bag. Burning is better.

Perhaps the most important point to emphasize here is the infectiousness of the sputum and the fact that it is scattered about the patient's bed, linen and room whenever the mouth is not properly protected during the act of coughing. If patients are also taught that flies and other house pests convey the infection, less tolerance may be shown these nuisances by the family.

Dishes of any kind used by the patient, even the glass or cup from which he drinks between meals, should be scalded and washed in hot, soapy water, apart from the other household dishes. Don't advise boiling when you know this won't be done.

The diet of the advanced consumptive should be concentrated, nourishing and as well served as possible. Fruits and green vegetables may be eaten as long as they cause no digestive disturbance. Meats should be avoided if there are kidney or intestinal complications.

The heavy meal should be given at noon. Many patients only want liquids, milk, with or without egg, egg-lemonade, cocoa, coffee or tea, iced, perhaps, if the fever is high. Ice cream is a welcome surprise in the afternoon, in fact, anything new, from a flower on the tray to bread cut in sticks, is an agreeable change to a patient whose capricious appetite departs just as food is being served. In some homes, quantity is always sought before quality, but even here better dishes can sometimes be concocted and substituted for the unpalatable stews and fried foods usually served by mothers whose good will is only surpassed by their ignorance.

The most distressing patient to plan a diet for is one suffering with laryngeal complications. Walters

advises a semi-solid rather than a liquid diet for such patients and recommends small quantities of pounded meat beaten with white of egg. Jellies, custards and coddled eggs may also be given, but when every swallow is accompanied by intense pain, cold, concentrated liquids are as easily borne as anything. The patient lessens the quantity daily. No pepper and but very little salt should be used. Chipped ice, held in the mouth just before food is taken, helps somewhat, but a cocain spray gives more relief. This, however, should be used only by a physician's order.

The care of the advanced consumptive presupposes a certain amount of instruction, but many patients are not reported to the nurse until they are bed-ridden. If these patients have never been instructed, a nurse during her first call should concentrate her attention on the comfort of her patient and the care of the sputum. Don't over-ventilate in mid-winter. Make the patient clean and comfortable, teach him how to use napkins and teach someone else how to dispose of them. If the family has been exposed for six months, twenty-four hours delay won't prove fatal to anyone, but an overwhelming amount of instruction may make both patient and kin glad to see the last of their unwelcome visitor. On the second call, again make the patient comfortable, inquire about his appetite and the amount and kinds of food preferred. This naturally leads to the subject of clean dishes and fresh air, the transition from this to a clean room and fresh linen on the third call is not difficult. Don't dwell on unimportant details—neglected sputum or a child taking his daily nap with the patient are of far more importance than cross-ventilation or separate dishes. To the untrained mind, every one of six or eight items, taught in rapid succession, is of equal importance. I've seen a wife handling coal, noiselessly, lump by lump, as if her life depended on it, while she handled noisesome handkerchiefs as she would have treated any other bit of

laundry requiring attention. Misplaced emphasis causes these poor souls much trouble and lost effort.

Advanced cases are not infrequently selfish, unhappy and wretchedly uncomfortable; to expect lofty and altruistic co-operation from them is to court disappointment. Their families, however, are frequently teachable, therefore, nursing care should be expended on the patient and the instruction reserved for his caretakers. Occasionally a nurse finds a wilfully careless patient, whose bedding, walls and floor are soiled with moist and dried sputum and whose indifference to her care and teaching is anything but flattering. These patients should be left to the mercy of the health authorities, only police power can prevent further exposure of others.

Throughout all this nursing and instructive service, the field nurse should not fail to impress upon the family the uselessness of her precautions and advice if they are not observed just as carefully between her visits. She may do this by instruction and questioning, but she should also do it by the quality of her nursing service and by her own personal appearance. A nurse in an untidy uniform, whose own hands are not clean, who throws her coat over a chair, a table or on the foot of the patient's bed, whichever is nearest, who neglects to protect the table with newspaper and who repeatedly returns to her bag for extra supplies without washing her hands, will render indifferent care to her patient and will undo any teaching that she may be capable of giving. A nurse inclined to bullying, who talks "like a Dutch uncle" to her patients, rarely gets results. One can't talk like a fish-wife without first descending to the fish-wife's level and a nurse who is unduly intimate, patronizing or dictatorial, is an evil influence in tuberculosis work. Few classes of patients need "mental suggestion" more than do our advanced consumptives and their families; and a nurse whose uniform, equipment and nursing technique are clean in every detail, whose daily routine of careful work is a habit rather than an effort to attain a certain

required standard, can accomplish a great deal more if she never talks than can a careless nurse whose motto is "Do as I say, not as you see me do." We should not forget that many of our patients have had little previous experience with illness and to them the acts of an authoritative person in a nurse's uniform are much more impressive than her words.

After death or removal, the room should be cleansed as after any quarantine. Fumigation is desirable and the walls should be freshly whitewashed or thoroughly rubbed down if the paper can't be renewed. All the wood-work should be scrubbed. Unless steam sterilization is obtainable for mattresses, pillows and cotton-stuffed comforters, they should be burned and new ones given if they are needed. This will be economy for a relief-agency in later years. Foreign-born mothers, whose wonderful pillows form a part of every bride's trousseau, will not take kindly to this program, however, and perhaps a compromise may be affected if the owners will consent to replace the old covers with clean, stout bed-ticking. Unless the patient has been extremely careless, the feathers are probably perfectly safe, if the covers are renewed. It would be well to destroy as much of the patient's wardrobe as possible, and to fumigate thoroughly everything else. Closets, boxes and bureau drawers should be scrubbed and cleaned before being used again. If possible, the room and everything in it should be thoroughly sunned and aired before it is finally re-occupied. If the family is reluctant to fight so hard against an unseen foe, teach that this is its part in the great campaign of prevention and that it cannot hope to be safe if infected articles or rooms are left to menace its health. In some cities, notably New York, this cleaning is required by law; in others, a nurse must use her most persuasive powers to get it done, not merely for the benefit of the family but for the sake of unknown future tenants who may contract the disease in an improperly cleaned house.

As the task grows in difficulty, the responsibilities of

the nurse increase also. Some think the danger to her likewise increases, but the health of the average public health staff and the extremely low mortality rate among nurses working in chest hospitals, minimizes this danger. A nurse constantly working among the tuberculosis poor should live a systematic, regular life, bathing frequently, eating wisely and sufficiently, exercising enough to keep her muscles in trim (by playing tennis, by boating, golfing or cycling, for walking from house to house is not exercise), and by sleeping or resting at least eight hours out of the twenty-four. The care of her hands should never be overlooked; there is little danger of infection if she is scrupulously careful in this respect. But she should be well and strong and cheerful, for without the first, she can hardly be the last, and all her other virtues fade into insignificance if her lack of health and physical weariness prevent her from carrying into every patient's home, that cheer and vitality and welcome freshness that shortens the longest day and leaves brightness in rooms where the sun seldom shines. The grief-stricken mother and sister of an only son, dead in his twenty-third year after a long and painful illness, said this of the little nurse whose daily visit had sometimes taxed her strength and spirits to the utmost. Can a finer tribute be paid any nurse whose duties include the nursing care of the advanced consumptive in his home?

The Tuberculosis Nurse and Some of her Problems

SARAH B. STEVENS.

The proposition that whatever fortune, be it good or ill, may befall the individual will to a greater or less degree affect all with whom he comes in contact, is accepted in a general way by every thinking person. A "Man cannot live unto himself alone." A striking exemplification of this principle is found in the home which has been invaded by tuberculosis. The mere knowledge of the fact that a member of the household has been stricken down by this dreaded disease has a most depressing mental effect upon the family; and the changes in domestic arrangements and mode of living that its presence may necessitate are almost without number. The patient must have the best sleeping accommodations and food that the home can afford; he must be given daily opportunity for the rest and quiet in the open air so necessary to restoration of health; he must be relieved from care and worry, influences most inimical to recovery; and certain precautions must be unremittingly observed for the protection of other members of the family. That there are few households where such provisions as these can be made, except at the price of serious inconvenience, if not actual sacrifice, upon the part of their well members, is self-evident.

When we consider that those conditions must be maintained not for days or weeks, but must be extended into months and probably years we can have some slight realization of the problems which meet the nurse confronted with such a situation. She cannot, as in a case of illness acute in its character and of short duration, confine her attentions largely to the patient alone, but must in its fullest meaning follow the injunction laid down by our patron saint Florence Nightingale, and "Nurse the Home".

It is, therefore, of prime importance that she establish friendly relations with the family, an achievement not always so easy of accomplishment as we might at first suppose. The nurse who is called to care for a case of pneumonia or to look after the needs of the new born infant and its mother comes with something welcome and tangible to offer, and the tuberculosis nurse who is sent to the advanced case requesting bedside care needs no excuse for her presence. But when the patient is in the earlier stages of the disease, scarcely yet realizing that he is ill, a strange young woman coming to the home armed with a roll of paper napkins and a folder explaining the necessity for the observation of a somewhat burdensome list of instructions, and adding a greater or less amount of gratuitous advice of her own is not always met with open arms. Unless she finds conditions so bad as to make immediate change imperative it is often wise to let the first visit to the family be purely social in its character. Frequently the nurse is made to feel that she is suspected of some ulterior motive in her efforts. Despite all her attempts to ingratiate herself into the poor woman's favor, the foreign born housewife sometimes regards with much distrust the young American lady who has developed such a sudden interest in her good man, and in dealing with non-English speaking families much depends upon securing a friendly and intelligent interpreter.

The confidence of the family having been gained, the nurse can turn her attention to the correction of the evils, one or more of which she is likely to find existing in almost every home to which her duties call her. One of the commonest conditions with which the nurse employed in the poorer districts will have to contend is the overcrowding of the home and especially of the sleeping apartments. It is not unusual to discover father, mother and four or five children occupying one small bedroom, and the patient will probably be found sleeping in the same bed with one or more other members of the family. If an actual lack of house room has made such a state of affairs necessary the remedy is obvious and every effort should be made to induce

the family to move into more commodious quarters. But frequently the nurse will find in such a home a room shut away and set apart for such great occasions as weddings, funerals, christening parties and the like, and it will require much persuasion to induce the housewife to throw open the doors and windows and to allow its sacred precincts to be desecrated by daily use. An expedient that is not by any means ideal, but to which it is sometimes necessary to resort, is the use of a folding bed or cot stored out of the way by day and set up at night in the family living room. If lack of space makes it impossible for the patient to have a room to himself the nurse should at least insist upon his having a separate bed as far away as possible from the other occupants of the room.

Although crowding and want of ventilation usually go hand in hand it is not alone in the homes of extreme poverty that the nurse is obliged to contend with a superstitious fear of "night air". Whether the family wishes it or not, a certain amount of ventilation is secured during the day by the opening and closing of doors as the members move about their various duties; but with nightfall the household becomes quiet, doors and windows are securely fastened and if the weather be severe all cracks and crevices are carefully plugged. Long before morning the air has become heavy and foul and the hour of rising finds the family stupid and drowsy and in poor condition to set about the tasks of the day. The process of educating this household to a better mode of living is often long and difficult. Much, however, can be done to bring about the desired result by suggestions from the nurse as to the best way of securing an abundance of fresh air and at the same time of avoiding draughts. The housemother should also be instructed in the proper methods of bed making so that a maximum amount of warmth may be secured with a minimum weight of bedding.

A matter in which the nurse finds it necessary to exercise the utmost tact is in securing the co-operation of the

patient in protecting other members of the family from infection. There seems to be something in the nature of the disease itself which tends in many instances to make the sufferer selfish and indifferent to the welfare of those about him, and he is often resentful if it is suggested that he be careful to use his own towel and drinking cup and that his dishes be kept separate from the others. This sensitiveness upon his part may sometimes be overcome if he can be provided with linen and dishes a little better and of a more attractive appearance than those used by the family. The carelessness of the average patient in the disposal of his sputum probably gives the tuberculosis nurse more anxiety than any other phase of the situation, and her only hope of securing any reformation in this matter lies in her ability to awaken in him a sense of responsibility to others. In homes where a wood or coal fire is not to be had some difficulty is experienced in making away with the sputum receptacles, but this can usually be met by burning them in the door yard in some fire proof container—an old coal pail or wash boiler answering the purpose when nothing better is available. Families living in apartments should obtain permission to dispose of such waste in the furnace.

Any experienced tuberculosis nurse will be ready to testify to the difficulty of so instructing her patients that they will observe these important precautions without at the same time inspiring an unreasoning fear in the minds of families and friends. After the idea is once instilled that tuberculosis is a communicable disease it is sometimes impossible to convince the ignorant foreigner that any amount of care in handling these cases will protect him from infection, and the pathetic sight of a dying woman suffering for want of the drink of water that her terror-stricken husband dare not hand her is not soon to be forgotten.

Frequently the nurse will find that the housewife is lamentably ignorant as to the food suitable for the delicate stomach of the invalid, and some practical demonstrations in the preparation of a few nutritious and at the same time

economical dishes will be of great assistance. The nurse should also impress the necessity of a well balanced diet for the entire family as one means of warding off further invasions of disease. In this matter, however, racial and religious prejudices must be respected. The mere fact that a certain dish does not appeal to our American palate is not proof positive that it is unfit to eat; and should the visitor happening into an Italian home at dinner time find Tony devouring his chicken, feet and all, she will be wise to conceal her surprise. It is not unlikely that some of our own table delicacies seem quite as impossible to our friends from across the water.

In homes of the moderately well-to-do the continued drain of a long illness is often more than can be met by the family income. Debts are incurred and the home even perhaps mortgaged in order to meet the demand for medical attention and luxuries for the patient. In households where poverty already existed the situation soon becomes acute, and if for good reasons it be decided that the patient should remain in the home something must be done to ameliorate conditions. While it is not in general the policy of nursing organizations to dispense material relief, the nurse can, by putting the family in touch with the proper agencies, render valuable assistance. She may also be able to secure special articles of diet for the patient. A private physician, ignorant of the straits to which the family has been reduced, may have been treating the case and it sometimes becomes the duty of the nurse to acquaint him with the real state of affairs; when he will doubtless render further service free of charge or withdraw in favor of the City Physician.

In most instances, however, where the family is occupying cramped quarters or is financially unable to supply the needs of the patient, and more especially if he is of the careless type whose presence is a menace to the household, institutional care should be insisted upon. Frequently the very mention of the hospital will raise a storm of protest. The patient has a natural dread of separation from

his friends; he has heard of some one who has gone to a hospital and died; rumors have reached his ears of a mysterious "black bottle" whose death dealing contents is administered to the patient who becomes too troublesome. For these and numerous other objections the nurse must have a convincing reply. But the situation becomes almost hopeless when some tradition of race or religion is the barrier which stands between the sufferer and the much needed care as, for example, when a venerable Hebrew chose to pass his last days in poverty and discomfort rather than accept refuge in a hospital where he would be shorn of his hoary beard; or another instance, where a grief-stricken mother, who had already seen four of her children and finally her husband carried off by the "great white plague", refused to allow her only remaining son and darling of her heart to be sent from the city in hope that his life might be saved, because her religion taught that it was his filial duty to visit the synagogue daily and recite prayers for the everlasting rest of his father's soul.

Should the patient be removed to hospital or sanatorium, or should the case terminate in death or reach a condition when the disease is apparently cured, the nurses' obligation to the family is by no means ended. It is her duty to continue to exercise a friendly supervision over the home, carefully watching each member of the household for the first indication that the germ of disease which has perhaps been lying dormant is springing into life. She should insist upon each member of the family reporting at stated intervals either to their own physician or to the dispensary for examination, the trained ear of the doctor being often able to detect signs of encroaching disease before it is outwardly manifest. To many this routine examination appears the height of folly. "Why," they ask, "should we go to the doctor when we are not sick?" Occasionally the failure upon the part of foreigners to comprehend the meaning of the tests sometimes made leads to disastrous results. A striking example of this was the case of the Italian mother who had lost both her husband and oldest son by tubercu-

losis, and who was induced after much persuasion on the part of the nurse to bring her two remaining children to see the dispensary physician. She had looked on with manifest uneasiness while the nurse made the excoriation preliminary to applying the Van Pirquet test, and when the alcohol lamp was lighted for sterilizing the platinum loop she gathered up her family and fled shrieking and gesticulating, from the dispensary. The nurse learned a few days later that it was a matter of common report in the neighborhood that we had burned a great hole in Mamie's arm and that she had been sick ever since.

In no other branch of public health nursing is such demand made upon the resourcefulness and patience of the worker. Entering the home at a time when the family is perhaps benumbed by the first shock of the knowledge that disease in its most dreaded form has marked one of their circle, she must be able to make them feel that she comes in a friendly spirit of helpfulness to assist them in solving the problem of the re-adjustment of the household to meet the situation confronting it. She should be prepared to exercise unlimited forbearance towards the ignorant and the superstitious. But most of all does she need to carry about with her a spirit of courage and optimism, not losing heart because she may see little outward and visible result of her efforts, but happy in the confidence that the seed soon will bear harvest in a more vigorous manhood in the generations to follow.

A Tuberculosis Exhibit at a Pure Food Show

PEARL KAMERER.

The Tuberculosis, or Public Health Exhibit held a prominent location among the other booths at the Tenth Annual Food Exhibition, February 1st to 15th, at the Wigmore Coliseum, Cleveland; and no merchant was more anxious to impress the passing crowds with the value of his special article than the nurse at the Public Health booth was to gain the attention of the people and to urge upon them their duty in the campaign against tuberculosis.

The Tuberculosis Exhibit consisted of three sections, each having five panels. The panels contained pictures of tuberculosis germs magnified; patients having pulmonary and bone tuberculosis; a dispensary maintained by the Division of Health, where patients are examined free of charge; how particles of sputum are spread in breathing, coughing and spitting; how ventilation can be carried out in places of business as well as in the home; the false economy of living in the overcrowded sections of the city; an open air school-room; tent colony; and Warrensville sanatarium. Several of the panels contained general advice concerning tuberculosis; and one gave figures showing the number of deaths and the number of cases of tuberculosis in Cleveland and in Ohio. Leaflets telling the precautions necessary to prevent the spread of this disease, also pamphlets on "Living and Sleeping in the Open Air" and "The Care of the Baby" were given out.

It was most encouraging to have so many of the crowd show a real interest in the exhibit. Children, as well as adults, paused to look at the pictures and to ask questions. A considerable number inquired how to ventilate their sleeping room so as to prevent draughts. Some asked advice concerning a friend who had recently been exposed to tuber-

culosis and who was not feeling well. Others inquired concerning window tents and the equipment necessary for sleeping out of doors. The children were delighted with the picture of the open air schoolroom, and of Tent Colony; and it was quite surprising what practical questions they asked, each promising faithfully to be careful about spitting and to warn others of the danger.

From the conversation with the different mothers it was noticeable how few seemed to realize the importance of having their children wash their hands thoroughly before eating. The teeth also seemed neglected in a number of cases. Many were in doubt as to the proper night clothing to wear, others had considerable trouble arranging the bedding so as to keep warm when the windows were open. In talking with several delicate women, also with a few arrested cases of tuberculosis who were unable to sleep out of doors, it was learnt they could have spent several hours each day sitting outside, but did not realize its importance.

As the prevention and cure of tuberculosis is a public problem it seems most important that the public should become interested in and familiar with its prevention and cure. It might be of benefit to add several panels to the exhibit, urging regular baths, cleanliness of hands and teeth, and to have an A. B. C. Health Book to distribute among the children. A small doll and bed with which to demonstrate the proper night clothing and bed making, a small design of a practical window tent and sleeping porch, also a reclining chair with the proper equipment for resting outdoors, would no doubt add to the helpfulness of the exhibit.

Public Health Nursing as a State Movement

[The developments of Public Health Nursing in the United States during the last few years have been of so much interest and importance that the Editors of the Quarterly felt it would be of value to ascertain just what general trend they have taken, as shown by their progress in those states which have been the most active and have made the greatest advance in this branch of the great Public Health movement. The following articles, dealing with the more recent phases of Public Health Nursing in the States of New York, Massachusetts, Ohio and Wisconsin are of the deepest interest, as denoting the gradual line of progress from the specialized effort for the care and prevention of tuberculosis, or the promotion of healthy and hygienic conditions in rural communities, to the institution of a general Public Health Nursing service as a Division of the State Department of Health. Surely the developments described in these articles are most encouraging, as showing how much advance has already been made in the direction of that ultimate goal of all Public Health Nursing—free health for all!]

Division of Public Health Nursing in New York

LINSLY R. WILLIAMS.

The Public Health Law of New York State, as amended in 1913, provided for a Division of Public Health Nursing in the State Department of Health. The amendment also created a Public Health Council, giving it authority to prescribe the qualifications of the Directors of the Divisions of the Department and the nurses of the Department and public health nurses elsewhere employed in the State, outside of the City of New York.

One of the first duties of the Council was to define the qualifications of the nurses to be employed in the Department. These nurses were designated as supervising nurses, and the regulations provided that before taking the required Civil Service examination each nurse should be not less than twenty-five years of age; a registered nurse in New York State, and that she shall have had not less than two years' experience after graduation in one or more of the following lines of work; midwifery, infant welfare, social service, tuberculosis, school nursing, and the control of communicable diseases.

Before an examination could be held there was an immediate need for nurses to take charge of the traveling

infant welfare exhibits. Five nurses were temporarily appointed—one assisted as an advance agent; one each in charge of an exhibit; and one remained in those places where a nurse was most needed to organize an infant welfare station.

The exhibits visited forty-five cities, where largely through the efforts of these supervising nurses twenty new infant welfare stations were established.

This new work created a demand for a number of public health nurses employed by municipal or private agencies who were placed in charge of these new welfare stations.

It is a striking fact that the infant mortality for New York State, outside of New York City, in the year 1914 was one hundred and eleven per thousand living births, being 15 deaths less per thousand living births than the year previous, and the lowest ever recorded in the State.

As soon as was practicable a Civil Service examination was held and 28 duly qualified nurses took the examination. After an eligible list of 23 was furnished six supervising nurses were appointed, the Legislature having appropriated a sum sufficient to employ eight.

Two nurses continued the infant welfare work, one in connection with one exhibit which was continued, visiting the smaller villages. These two nurses even in the smaller villages have made considerable progress toward the organization of infant welfare stations. They have also directed their energies toward the organization of Little Mothers' Leagues in the public schools, composed of older girls who pledge themselves to do something every day for a baby.

The other four nurses were assigned to the task of ascertaining the amount of tuberculosis existing in two counties of the State, where the question of a County Tuberculosis Hospital was under consideration. In one of the counties three nurses were engaged in intensive work in the most populous townships and were able to learn from physicians and others of the presence of tuberculosis to an extent wholly unexpected by the people. The voters

showed their appreciation of this at the November election, when the referendum for the erection of a hospital for tuberculosis was carried by a large plurality.

In the other county where the decision rests with the Board of Supervisors no action has as yet been taken, but the result of the tuberculosis survey made by the supervising nurse has made a profound impression.

During the month of November the regulations of the Council controlling the practice of midwifery by midwives went into effect, and an immediate investigation of the midwives was begun by the Nursing Division. By the end of the year 238 midwives had received their licenses and in December the nurses began to inspect and instruct the licensed midwives and to ascertain how many others were practicing without a license.

At the close of the year two other nurses were appointed, completing the number the appropriation provided for.

The Director of the Division has not as yet been appointed, but will be as soon as the result of a Civil Service examination, which was held in February, is made known.

The outline of the year's work indicates the duties of the Division, which may be summarized as follows:

To maintain constant supervision over the midwives of the State outside the Cities of New York and Rochester, which are exempt.

To extend the number of infant welfare stations and to advise and co-operate with the authorities in charge of already existing stations.

To follow up patients discharged from County Tuberculosis Hospitals.

To make tuberculosis surveys in counties where no hospital exists and to advise and co-operate with those administering tuberculosis dispensaries, and to urge the employment of a follow-up nurse by County Tuberculosis Hospitals.

To advise with local public health nurses in times of epidemic and to assist in the control of such epidemics.

To advise and co-operate with school nurses, visiting nurse associations, social welfare centers, and in other fields in the relief and prevention of disease.

Public Health Nursing in Ohio*

HELENA R. STEWART, R. N.,

In 1859 the first system of district nursing was founded in Liverpool by William Rathbone. The idea of this system was to provide nurses for the sick poor in their homes. Within four years from that date the entire city of Liverpool had been divided into eighteen districts, with at least one nurse in each, who worked with the voluntary committee which held itself responsible for the nursing of the sick of that district. The success of this idea was instantaneous and it rapidly spread throughout the United Kingdom.

In America the first system of district nursing was established in 1877, when the New York City Mission engaged the services of a Bellevue Hospital graduate to send her to nurse the poor in their homes. The development in America was somewhat slower than in England until early in 1900, when there was an amazing growth of this form of social work, which has been increasing ever since.

The first public health nursing service in Ohio was that established by the Maternity Society of the Protestant Episcopal Church of Cincinnati, in 1881. The society was formed with the object of providing the services of a physician and a visiting nurse to destitute women in child-bed. These services were given to all who needed them, regardless of creed. It was eleven years before there was another step taken toward public health nursing in Ohio, and again it was in Cincinnati, where Christ Hospital established a visiting nursing service in 1890. This service was broader

*Read before Forty-first Conference of Ohio State Board of Health with representatives of local Boards of Health, January 29, 1915.

in scope than that of the Maternity Society, in that it sought to care for surgical, medical, obstetrical, contageous and tuberculosis cases. In 1895 a visiting nurse department was established in connection with the Deaconess Home in Cleveland, and three years later the Instructive District Nursing Association of Columbus was organized. Between 1900 and 1910 various kinds of public health nursing services were established in Toledo, Dayton, Cleveland, Cincinnati, Youngstown, Canton and Columbus. Today if we examine the public health nursing work done in the larger cities of the State we find that it covers practically every form of specialized nursing,—obstetrics, infant welfare, both pre-natal and post-natal; school nursing; tuberculosis nursing; general visiting nursing; industrial nursing; and social service. The organization of the various visiting nursing associations in Ohio's larger cities is so well established and the work so well carried on that the Division of Public Health Education and Tuberculosis is devoting its attention more to the smaller cities and villages, where people do not know just what a public health nurse is nor the nature of her work.

The term "public health nursing" is very broad and comprehensive in its meaning and includes within its scope the care of the sick in order that they may recover from their sickness, or at least be made more comfortable if recovery is impossible; the prevention of sickness in those who are well who might become sick either by their contact or association with those who are sick, or by adverse conditions of living. Each individual must be considered as a member of society. If one member suffers, society is so much the worse off. From this it is evident that the work of the public health nurse is both practical and educational. It includes both nursing and social service, cure and prevention of distress. The nurse seeks to urge upon the city and the state the realization of the common responsibility for the environment and health of their citizens. While a large part of public health nursing is done among the poor, it is no more a charity than are the public schools. The work is for the good of the whole community.

It has been estimated that 90 per cent. of sick people are sick at home and the visiting nurse associations have identified their services with all classes of people who are sick at home, with the exception of those whose incomes are sufficient to enable them to engage the services of a private nurse. As probably 20 per cent. of the people of the United States have incomes of not more than $1000 a year, there is left a large class of self-respecting people who are not willing to be classed with those entirely dependent upon charity, but whose incomes do not permit the engagement of a private nurse nor the payment of the full cost of a bed in a hospital; but they are not willing to accept assistance, material or medical, as a gratuity.

"The public health nurse is a product of evolution. She has developed from the old fashioned district or visiting nurse who visits and nurses the sick poor patient in his home. She is still that same visiting nurse and, also, according to the demands of the community which she serves, a public school nurse, an infant welfare nurse, a tuberculosis nurse, a hospital social service nurse, a sanitary inspector, a truant officer, a social worker, a visiting dietitian, and even a midwife."

The scope and variety of the public health nurse's work are almost unlimited. She is a very active agent in the movement against tuberculosis. In that movement new laws have been enacted, new ordinances passed, appropriations made, departments and laboratories established, hospitals, sanatoria and other institutions built and equipped; but before the people are educated to the use of all this, the message of the expert and the scientist must be translated into the simplest terms and taught by patient, painstaking, oft-repeated demonstration. So when the scientists, physicians, law makers and demonstrators have done their part, the visiting nurse carries the message into the homes of the people, and in actually going into the homes and gaining the confidence of her patients she discovers many things outside of nursing.

In infant welfare work the public health nurse strives

to save the babies. Her care of them begins before they are born, in teaching the mother how to guard her own health and how to prepare for the newcomer. She cares for both mother and child at first, and after the mother is able to be up she may be of the greatest assistance to her in teaching the care and feeding of the infant. Mother and nurse may not speak the same language and the teaching then becomes a very difficult task. When there are feedings to be prepared instructions concerning the modification of milk must be given to the mother, who watches the nurse prepare the feedings several times and then prepares them herself under the nurse's supervision. The mothers are urged to live in cleanliness, quiet and regularity, to beware of flies, and to avoid the dangers of soothing syrups and other drugs not ordered by the doctor. If the baby is sick she sees that it is put in a physician's care before its condition becomes worse. The aim of infant welfare work is to cure sick babies and to keep well babies well.

There are special nurses who devote their entire time to the problems connected with the physical and moral growth of the school children. The school nurse is the natural result of medical inspection in the public schools. "In New York City, in 1903, before there were any school nurses, of all the written instructions sent to the homes by the medical inspectors only 6 per cent. were carried into effect, while 84 per cent. became effective later under the direction of nurses who interpreted the inspectors' directions to the mothers and taught them to give the treatments." Many a case of eye strain, defective hearing, adenoids and enlarged tonsils or other defects, has kept bright children from their proper development. Often the nurse finds children suffering from the lack of proper nourishment, or from bad teeth, lack of air and sunshine. When the wrongs are made right the child develops rapidly. The nurse teaches the children, in little talks on hygiene, the value of good air and cleanliness. She shows them how to use a tooth brush, and tries to make

them take pride in being well and clean. She goes to the homes of the children, following up every case that needs nursing care or hospital treatment. Often the fathers and mothers are glad to take suggestions for better ways of living when they are given in a spirit of friendliness and not of criticism; and the foreign parents are interested in adopting what they consider "American customs." We look for the time when the schools shall be the headquarters of good health as well as of education, just as the hospitals and dispensaries are centers for the sick and injured.

Insurance companies, industrial plants and stores are now employing public health nurses because it is a good investment. No concern wants its employees sick, and the nurses have been able to do much to better the conditions of workers both in the factory and in the home.

Hospitals find that their work is incomplete without the service of the medical social worker, who follows up the case after his discharge from the hospital ward. Convalescents are sent to the country and seashore, bad living conditions and needed relief are reported to the proper authorities, homes are found for neglected children or temporary care provided for them while the mother is in the hospital. If a brace or a crutch is needed the nurse sees to it that it is provided.

The aged and the "shut-in" must often count the public health nurse as the only friend who can be depended upon to come regularly, rain or shine.

The only reason that the nurse's work has developed into such broad lines of social service is the fact that she has the privilege of entering the homes. She comes in working dress and is not above giving a bath or making a bed, changing a dressing, or rendering some other service which can be interpreted in terms of friendliness. This service is actual to the patient and to the family. Other problems besides sickness meet her on every threshold—lack of employment, delinquency in children or adults, bad sanitation, poverty and ignorance in every form. The public health

nurse cannot help being a social service worker, for in recognizing her responsibility toward the family health she must also regard the family as a part of the community, and therefore sees the civic aspect of her work and becomes a social part of the public health campaign.

In doing any work it becomes necessary from time to time to look back and see what has been accomplished. The need of accurate sociological statistics is felt in all public work. Opportunities for collecting data are open to the public health nurse and much of the material is accessible to her only, for day by day her work brings her in contact with conditions which she alone has an opportunity to observe and she can collect such statistics as will be of real and vital service in preventive work.

The co-operation of the health officers and the physicians is quite necessary for the complete success of the public health service. A good public health nurse in no way interferes with the doctor's practice. On the contrary, she helps him with his patients and sends new cases to him; for it is not in her province to diagnose diseases nor to recommend treatment nor medicines. Her nursing work is always under the physician's directions, and if on her rounds she finds a sick person or a child abnormal in any way her first care is to learn who the family doctor is and send the patient to him.

In 1912 the council of an Ohio city of about 36,000 appointed a public health nurse for tuberculosis work. She began her undertaking with the hearty disapproval of every doctor in the place. They did not exactly know the duties of such a nurse and they thought there was no need of her any way. Her task was indeed a difficult one, for naturally a nurse looks to her doctors for help, advice and co-operation. After two years of uphill work she has proved to them all that she was needed, and she now has the good will and support of every one of them.

During the first ten months of her stay only one case of tuberculosis was reported to her by a doctor, and even

after that almost every case that was reported to her was in an advanced stage. Now she reaches the incipient cases and they are cared for through the tuberculosis clinic which she has established. This clinic was started in December, 1912. It is open two afternoons each week and each patient is expected to report once a week. Each one is weighed, has his temperature and pulse taken and recorded at each visit, and treatment, advice and medicine given in accordance with his need. If he cannot get proper nourishment at home it is supplied through the federated charities. In 1914 the nurse discovered 25 suspicious cases that were not under the care of any physician, and when they were brought to the clinic for diagnosis were found to be tuberculous. If the patients get tired of going to the clinic and fail to report as often as the physician in charge advises, the nurse goes to the homes and finds out what is the trouble and brings them back; and always she is teaching them both in the clinic and in the homes how to take care of themselves and how to avoid spreading the disease, and encouraging them to carry out the doctor's directions. Two years ago it was thought there was not enough for a tuberculosis nurse to do and now the day is not long enough for her to accomplish all the work she sees to be done. That city could not spare her now and the people see the need of a school nurse and have already employed a second nurse to do the general visiting nursing.

In order that an understanding of the nature of the nurse's work might become general over the state, and with a view to stimulating and increasing the number of localities to make provisions for employing a nurse, a public health nurse competition was begun in 1911 by the Ohio Society for the Prevention of Tuberculosis in connection with the Red Cross Seal campaign, and has since been continued each year. The plan of the competition was to invite a selected number of cities where no work was being done in the fight against tuberculosis to enter the contest. This number never exceeded thirty in any one year. Those cities accepting the invitation agreed to return the entire proceeds of their sale

to the State Society, and to each of the twelve cities selling the highest number of seals per capita the State Society sent a nurse for a period of one month. Contests have been continued each year since, and the work of the traveling public health nurse has been of untold educational value in the places which have been visited. Of the twenty-nine cities which have accepted the services of the nurse since this plan was first formed, twenty-two have organized permanent public health leagues which are actively engaged in improving local health conditions, and fifteen are maintaining a permanent public health nurse.

Under a law passed in 1913, the medical superintendents of county or district tuberculosis hospitals are empowered to appoint public health nurses. In case a county has not provided a county hospital, or joined with other counties in maintaining a district hospital, the county commissioners may appoint a public health nurse and pay her salary and necessary traveling expenses out of the poor fund.

Section 3153-2. Supervision of nurses. Such nurses shall be subject to the supervision of the medical superintendent of the county or district tuberculosis hospital and the state board of health. Where such appointments are made by the board of county commissioners, such nurses shall be subject to the supervision of the county commissioners and the state board of health. (Passed April 18, 1913.)

Section 7692. Each and every board of education in this state may appoint at least one school physician. Such boards may also employ trained nurses to aid in such inspection in such ways as may be prescribed by the board. Such board may delegate the duties and powers herein provided for to the board of health or officer performing the function of a board of health within the school districts if such board or officer is willing to assume the same. Boards of education shall co-operate with boards of health in the preventing of epidemics.

Section 7692-1. School physicians may make examinations and diagnoses of all children referred to them at the

beginning of every school year and at other times if deemed desirable. They may make such further examination of teachers, janitors and school buildings as in their opinion the protection of health of the pupils and teachers may require. Whenever a school child, teacher or janitor is found to be ill or suffering from positive open pulmonary tuberculosis or other contagious disease the school physician shall promptly send such child, teacher or janitor home, with a note, in the case of a child, to its parents or guardians, briefly setting forth the discovered facts and advising that the family physician be consulted.

Obviously, it is within the power of the local board of health to employ a public health nurse. The great obstacle lies in the unwillingness of the council to grant sufficient funds to the board with which to pay her salary.

It usually falls to a small group of individuals in any community to initiate experiments in social service work. The plan has been to organize a local public health league in every city in the state. The purpose of such a league is to work, in cooperation with the local health authorities, for the improvement of local health conditions. As a means of accomplishing this, the employment of a public health nurse is advocated.

There are at the present time 42 county district and municipal nurses reporting their work each month to the office of the State Board of Health. Several of these represent an organization which is employing from 4 to 24 nurses.

If the question should arise what towns or cities in Ohio have need of the public health nurse's services, I should say any community where babies are born to mothers who cannot afford the luxury of a special nurse, or where these babies are exposed to danger from lack of care or bad home conditions; any community where there are schools or factories; where there are people suffering from tuberculosis, or where there are cases of any kind of sickness or distress among the poor; where sanitary conditions are imperfect; or where old people grow helpless and outlive their friends.

Public Health Nursing in Massachusetts

EUGENE R. KELLEY

The Public Health Nursing situation in Massachusetts may be summed up in the brief statement that at the present time no Division of Public Health Nursing is being planned by the State Department of Health, and the question as to whether or not such will be inaugurated within the current year will depend almost entirely upon the appropriation available for the general work of the Department.

There is no doubt whatever as to the value of public health nursing as a part of the routine work of State Health Departments, and we feel in this Department that there is no new line of work which needs to be taken up any more than that of public health nursing.

In regard to the status of public health nursing under local boards of health, there is a law on the statute books which permits any town in Massachusetts to expend as much as $2,000 for public health nursing. An investigation is now being carried on by this Department with reference to the laws concerning tuberculosis which, when finished, will doubtless give us very exact information as to how many cities and towns are now employing public health nurses. We have information on file for at least fifteen cities and towns which are maintaining a public health visiting nurse in connection with their tuberculosis work, and the Public Health Council of the State Department of Health, in formulating the minimum requirements of a satisfactory dispensary according to the provisions of the statutes, holds that the services of a visiting nurse will be considered as one of the primary requisites. This will not mean necessarily that the visiting nurse must confine all her activities to tuberculosis or even, in the case of some of the smaller towns in the state, that she must devote all her time to one town; but it will be interpreted to mean that there must be qualified public health nurses in connection with all free tuberculosis dispensary clinics.

The Rural Public Health Nurse in Wisconsin

MAYNARD DOWNES

Just as New York is not a typical American city so is Milwaukee not a typical Wisconsin city. Milwaukee, like other cities of its class, has the usual complement of Visiting, Tuberculosis and Child Welfare Nurses now becoming characteristic of sizable American cities.

Wisconsin is a rural state. Its problems concern essentially a farming and small town population. The system of Public Health Nursing evolved to meet this situation differs radically from that in use in the average city. In this very point lies the distinction of Public Health Nursing in Wisconsin. Many states have similar rural conditions and problems, but no other state has extended public health work on such a scale to the country, as has Wisconsin.

Content with the introduction of the Visiting Nurse into the crowded city district, many social agencies have failed to look beyond the bounds of the city to the village and the farm. The sanitation of a city has been thoroughly studied, but little attention has been given to the seepage of water from barn refuse into a nearby well, which may cause an epidemic of typhoid over a whole country side.

Just as Wisconsin has been a pioneer in the extension of health investigation and instruction to the rural districts, so it is leading the way in the introduction of the Visiting Nurse into the remote farmhouse and into the little country school. The Visiting Nurse is the most potent single factor in health work. She touches life at every point, even in its most intimate phases. She comes into the factory, the school and the home. She is the greatest of civilizers.

In Wisconsin the inaugurating and supervising of Public Health Nursing has not yet become part of the State Health Bureau, as is the case in many states. It is

largely through the efforts of a volunteer organization—the Wisconsin Anti-Tuberculosis Association—that the Public Health Nursing in the small town and rural district has become so wide spread. Since the formation of the Wisconsin Anti-Tuberculosis Association, its fire has been directed not against tuberculosis alone but against all communicable diseases. Disease and its control is largely a social problem. It causes a monetary loss not only to the individuals, but also a corresponding loss to the community; it is to the community's interest, financial as well as humanitarian, to lessen or prevent sickness. With the ideal of at least one Visiting Nurse for every community in Wisconsin large enough to support a church and a minister, the Wisconsin Anti-Tuberculosis Association incorporated the promotion of Public Health Nursing into its program.

A definite beginning was made in 1910. In that year the Wisconsin Anti-Tuberculosis Association offered as one of the Red Cross Christmas Seal Sale prizes the one month's services of a Visiting Nurse to each of twelve cities between eight thousand and fifty-five thousand population, making the highest per capita sales. As far as known, this was the first time that the prize of a nurse's services—an educational opportunity of the highest grade—was ever offered by any organization. Since 1910, other State and City Anti-Tuberculosis Associations, realizing the full possibilities of this plan, have adopted the idea and have used the same method of introducing the Visiting Nurse into communities. In this way the Visiting Nurse made her first entrance into cities such as Kenosha, Racine, Madison, Oshkosh, La Crosse, Eau Claire, Sheboygan, etc., which had never before known her services. It is safe to say that through the example of her work and the demonstration of its value and necessity, a permanent nurse was employed sooner in all of these twelve cities than would otherwise have been the case.

Aside from the offering of the nurse's services as a Christmas Seal Sale prize, the Association has been directly responsible for the employment of more than thirty of the eighty-five Visiting Nurses in Wisconsin (outside of the forty nurses located in Milwaukee) and indirectly responsible for the employment of others. The Wisconsin Anti-Tuberculosis Association has been the creator of sentiment for and the sponsor of the Visiting Nurse. It is through the efforts of this organization that there are now only seven cities of over five thousand poputon in the state without Visiting Nurses. This result has been accomplished only through a general awakening among the people to the vital importance of community health and the realization of the Public Health Nurse's role as its guardian.

At first, in the small towns it was necessary to explain the Visiting Nurse. Frequently she was received on trial. Once having come into a community, the nurse became a fixture. In some instances, a Woman's Club or a local Health or Welfare Association being foresighted enough to perceive the value of Public Health Nursing, arranged to provide financial backing for such work for a period varying from a few weeks to a year. Under this arrangement a nurse is brought into a community. Usually, such work is later made permanent and the responsibility is then taken over by the Board of Education or by the municipality.

A graduate trained nurse with considerable experience in public health work is at present in the employ of the Association. Her duties are to go into communities which have manifested a desire to try out such work. Miss Van Kooy plans to spend several weeks in a town while she organizes the field and starts work in the schools and in the homes.

Seeing its early ideal of a nurse for every community able to support one, on the verge of accomplishment the Wisconsin Anti-Tuberculosis Asssociation went

a step further. It attacked the problem of the small village and the real farming section. The "wicked city" with its rows of "crowded tenements" idea has been thoroughly implanted in our minds. Contra, the vision of the vine covered home of the farmer. Only tardily, are we awakening to a realization of the fact that the country offers a bigger problem than the city.

It is uniformly true that in spite of the fact that the farmer possesses all the requisites of health, his knowledge of them and his use of them fall short. The first true realization of the rural tuberculosis problem came through a series of surveys made by the Wisconsin Anti-Tuberculosis Association in which studies were made of a Wisconsin county almost entirely rural in population, but in which the inhabitants were really above the average in intelligence. The results of this survey revealed the fact that living conditions were almost everywhere worse in the country than in the city. The death rate from tuberculosis was found to be proportionately greater in this county (which would have previously denied that it faces a tuberculosis problem) than even in the city of Milwaukee.

The number of persons sleeping in one room was found to be proportionately greater in the country than in the city. Household sanitation was almost unknown in the country. The city, despite its tenements and congested districts, presented average living conditions superior even to those of many farmers in moderate circumstances.

The natural inquiry is as to the cause of such a condition—the answer is Ignorance. No other explanation can be offered for the existence of disease where, by all the laws of nature, health should be found.

The destroyer of the monster Ignorance is Knowledge. One disseminator of such knowledge is the Visiting Nurse, for she can come into the home naturally and tactfully. She has many ways of gaining an entrance and

of leaving her message without seeming to intrude or to pry.

Partially as a result of this investigation revealing such startling rural conditions, came the legislation empowering counties to employ nurses. Only under this system will the farmer and the dweller in a small town receive his due share of consideration.

The school children in the cities and towns receive inspection by a physician and the attention of a nurse. The country child in the one-room school has neither. Worse still, he receives very little or no instruction in the laws of hygiene and right living. The county nurse offers a solution of this difficulty.

In the 1912 session of the State Legislature, a bill was passed enabling counties to employ a visiting nurse who should care for patients, not only in the towns but also in country districts. Milwaukee County immediately availed itself of this opportunity when in September, 1913, the Board of Trustees of the County Tuberculosis Sanatorium employed the first County Visiting Nurse in the State. Her duties were to follow up cases that had left the Sanatorium and to care for new cases that were not able to secure admission to the Sanatorium owing to lack of room. Added to her duties concerned with strictly tuberculosis cases, was a wide range of public health work, including the visiting and caring for any cases of illness of any nature in indigent families or in families where full or even part time of a private duty nurse could not be secured, and special visits of an instructive character, such as talks in schools, to women's clubs, etc.

In Sheboygan County a nurse has been employed by the local Anti-Tuberculosis Association. Her duties are to care only for cases of tuberculosis throughout the county. To cover the territory embraced in the limits of a county, other means of locomotion besides foot power and street car lines must be employed if certain

districts are not to be neglected. Miss Lohman, the Sheboygan County nurse, drives when making calls. Many and harrowing are her tales of experiences with balky horses.

To assist Miss Leenhouts, the Milwaukee County Nurse, in covering ground, the trustees in May, 1914, purchased an automobile for her use. By its aid, the nurse is able to penetrate to rural districts which otherwise would have been almost inaccessible. The use of the machine puts her in touch with every farm house in Milwaukee County, no matter how isolated it may be, thus providing a larger area than that compassed by the street railway and interurban lines.

The work of a Public Health Nurse is social as well as medical, preventative as well as curative. It is only through this realization of her dual nature that a true concept of a nurse's place in a community can be formed.

The giving of a bath, the preparation of a simple meal for a patient may seem to the unthinking mind to be purely routine nursing work. To the initiated its social aspects are enormous. The union of social and medical work is wrought here. In giving a bath, the nurse is doing more than performing the mechanical actions required. She is teaching the mother the correct manner in which the baby should be bathed and handled; the way in which his clothes should be put on; often the proper clothing. Difficulties in feeding may be discussed and cleared up. By deft touches a room is put in order, a bed straightened and made more comfortable.

Again the nurse may show the little daughter who is waiting upon the sick mother how to prepare the proper food in an appetizing manner. When she goes into a home as a nurse, her work is not confined to the mere administration of sick room service, but she acts as a civilizer, teaching the need of clean sheets, clean dishes, clean house and clean person. In coming into a

home, the nurse's attention is not confined to her immediate case, but she looks into the general household condition and tactfully suggests means of improvement. In this way deep-seated causes are rooted out and many cases receive attention which would otherwise have escaped the notice of physicians and other social agencies.

Contact with the family in the home does not end the mission of the rural public health nurse. She goes into the school. On a hot September day last fall, I made a tour of inspection of some of the rural schools of Milwaukee County in the company of the County Visiting Nurse. Warm as was the day, we went into several schools in which the windows were not open. This was true not only in some of the older school buildings, but also in a new, modern school house, as well.

In the close atmosphere of this room from fifteen to twenty-five or thirty children lounged at their seats or supported weary and aching heads on their arms. A general air of listlessness marked them. Poor lessons were the natural consequent. The teachers, too, showed the effect of several hours' confinement under such conditions. What more fertile medium can there be for the spread of any contagious or infectious disease than conditions such as these? Many men and women have attributed weakened vitality and positive physical debility to the hours spent in the county school. Many children today will carry through life these same marks unless a radical change is wrought in the rural school.

Not only may the school room sanitation be improved by the visits of the nurse, but also defects in the child himself may be remedied. There is no medical inspection in the rural schools. Though inspection by a nurse doubtless falls short of the thoroughness and efficiency of a competent physician's inspection, it is better than none at all. In her talks and visits to schools, the Milwaukee County Nurse has detected several cases of adenoids, diseased tonsils and defective eyes and teeth.

In all such cases the homes were visited, the defect and its cure carefully explained to the parents. Their consent having been obtained, arrangements were then made to send the child to a physician or to a hospital for the removal of the defect. Thus an ailment which, if neglected, might have marred the child's future, is taken in time and remedied. This restores the child to physical and often mental normality.

Several cases of tuberculosis among children have been discovered through a casual examination of the general attitude and appearance of the children. In other instances, a visit to the home of an anaemic or physically defective child observed in school, has led to the finding of tuberculosis or grave pathological condition in the home.

The vital importance of the school work arises from its instructive character, its educational value, its formative influence upon young lives and thoughts. Here one is building for the future, not trying to alleviate temporarily morbid conditions. Instead of waiting for the development of disease and then applying a panacea, the prevention of such disease is the aim. It is much easier to dam a stream at its source than after it has gained impetus and volume.

By making the school the centre of instruction a wider radius can be covered than by any other means. The child naturally carries home information received there, and a fifteen minutes' talk in a roadside schoolhouse may spread out in ever-widening circles over an undreamed of area.

When right living, household sanitation, disease prevention, shall have been put into the possession of every individual in the entire state of Wisconsin, no matter how humble his status or how remote his home, then, and not until then, will the work of the Wisconsin Anti-Tuberculosis Association be finished.

When the American mother-to-be on the farm can

receive the same directions in anticipation of her baby, the same care at the time of its birth, the same instructions as to proper feeding, clothing and care after its arrival, that the properly equipped city Health Department accords to the most recent immigrant mother, then the state will begin to fulfil its obligations to its country folk.

Not until every country school child has the same advantages in health instruction, medical inspection, Visiting Nurse supervision, hygienic school surroundings, as has his brother in the city schools, will the Wisconsin ideal of Public Health be attained.

In setting up such a standard, selfish as well as philanthropic motives play their part. It is to the economic interest of a state, a town, or a rural district, to build up a strong citizenship. Money expended in employing Public Health Nurses will decrease the future budgets for Hospitals, for Tuberculosis Sanatoria and for Institutions for Defectives and Dependents. It will preclude the children now in our midst from being handicapped for life through the monumental ignorance of parents and the negligence of the community.

The Organization of State Finance Committees

IRENE B. THORNTON

According to the policy of the Chairman of the Membership and Finance Committee of the National Organization for Public Health Nursing, each State in the Union is soon to have a chairman who will work in co-operation with the National officer, acquainting the public with the aims and actual work of public health nursing and the advantages of such activities to the entire community. The State chairmen are furthermore expected to increase the membership and finances of the organization. The desire is to solicit the aid of club women throughout the country.

According to the last report, chairmen have been secured in ten states, one of which is Indiana. Upon assuming this office for Indiana, in June, 1914, the chairman at once began investigation as to the best and speediest manner of reaching the ear of the club women of the state. She found that one important step had already been taken. The Indiana State Nurses' Association had obtained the consent of the President and Program Committee of the State Federation of Women's Clubs that a paper on visiting, or public health nursing be read on the afternoon of the health program, at the annual convention in Evansville, October, 1914.

This arrangement paved the way for a discussion or round table; and although the health program was more than full of excellent addresses, those having it in charge consented that a twenty-minute discussion on public health nursing should follow the paper entitled, "Nursing and Citizenship," written by Mrs. Elva Mills Stanley, a graduate nurse.

The National officers were very appreciative of the opportunity thus afforded by the Federation to arouse interest in public health nursing in a representative audience of the

thinking women of the state; and wished to assist in every way possible in making this part of the health program worth while.

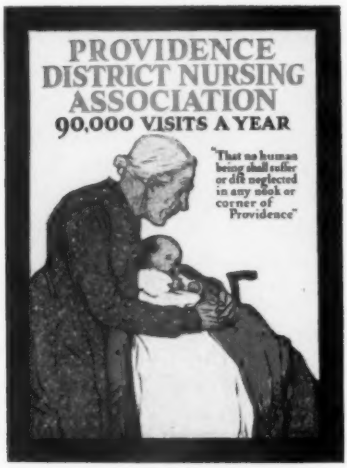
Mrs. Stanley's paper was most creditable, presenting in a clear, forceful and comprehensive manner the broad scope and varied activities which are fast becoming permanent features of public health nursing. In Mrs. Stanley's absence, caused by illness, Miss Anna Rein, President of the Indiana State Nurses' Association, read the paper.

Following the paper, the state chairman opened the discussion, making it possible, for the first time during the convention, for the delegates to present from the floor the problems of their home towns, to ask for information concerning public health nursing, and to aid by suggestion. This was a most valuable half hour. Interest was written on every face. A number of women came to the front of the room at the close of the session for further information. A large number of folders and bulletins on public health nursing, each having the name and address of the state chairman stamped upon it, were distributed among the delegates, with a view to their continuing their inquiry by mail after reaching home. Such has been the result. Letters are coming in from club women asking for solutions of problems, for literature and aid of various kinds. Then, too, our superintendent of nurses in the Indianapolis organization is being solicited to install visiting nurses in towns over the state.

The state chairman, as a member of the newly-formed Committee on Health in the State Federation of Clubs, hopes soon to be able to announce chairmen in each of the thirteen federation districts of the state. This will form another link in the chain of co-operative effort toward a wide-spread knowledge of and interest in public health nursing. When these thirteen district chairmen are appointed, the plan originated by Mrs. James L. Houghteling, the National Chairman of Membership and Finance—is to have a monthly report sent by each to the state chairmen, who in turn will report to Mrs. Houghteling.

Providence District Nursing Association Donation Day Poster

It is said that work such as the Providence District Nursing Association is doing is furthered by interest from all citizens who can know about it. Donation Day centers actively that interest, and when the nurses pass along the



street everyone feels more intimately acquainted with the work, because they have had an opportunity to contribute to it.

Donation Day, systematically handled, offers the means of reaching out to the entire city and arouses a spirit of civic religion, as some one has spoken of it.

Practically Donation Day is a method that can be adopted in raising a large amount of money and it is an excellent medium of starting a wide acquaintance with the work of any Association that covers a city.

It has its limitations and can be easily overdone, or become an imposition, provided it is not well thought out. Its success and future usefulness lie in the ability of the

managers to secure and hold for their own association the hearty interest of a very large proportion of the people in the city. This perhaps voices the sentiment that the financial strength of any charitable work depends upon securing the widest range of contributions rather than depending on the generosity of a few.

The value of a poster to announce Donation Day is easily recognized and it is only a step to make it the symbol of the association. The problem then involved is to see that the poster is of such a character that it may run through a series of years.

This plan meets the suggestion of economy and carries with it many ideas of practical service. The expense might be offset by a well worked up sale of the original painting, by auction or direct purchase. Miniature reproduction in stamp size, for the use on correspondence and packages, either by the association, or to be placed on sale, offers another form of the use of the poster.

When it came time to distribute the poster the original painting should then be displayed in some prominent window in the center of the city, and the press notices interpreting the artistic effect of the painting strengthen greatly the appeal of the poster for Donation Day.

The color print illustrated here is a reproduction of the stamp size of the poster used for the first time in Providence October, 1914.

Very fortunately we were able to enlist the co-operation of Mrs. Maginel Wright Enright, one of the leading woman artists and illustrators of America. The poster depicts with peculiar pathos and sympathy the two extremes of life, when human beings, through no fault of their own, are most likely to be dependent. Infancy and age, the patient and enfeebled woman holding the helpless infant on her lap—the one face marked by lines of care and the memories of a long life of human service; contrasted with the peaceful face of the infant, all unconscious of the trials

and disappointments, the tragedy that may lie in the life before it.

This composition gives peculiar force and meaning to the motto of the Association, "That no human being shall suffer or die neglected in any nook or corner of Providence."

Mrs. Enright's message in her own hand attached to the back of the canvas of the original painting is a personal one directed to every man and woman in Providence able to assist the Association in this noble work. It is: "Dear friends, give each as you can, much or little, but give, and may you never need."

Efficiency in Public Health Nursing*

RICHARD WATERMAN

The Public Health Movement. The public health movement in this country aims to preserve and to protect the health of 100,000,000 people. It is carried on by many different agencies—public and private—and costs an enormous amount of money every year. Our hospitals alone spend about $250,000,000 a year for current expenses.

Professor C. E. A. Winslow, who is one of the foremost leaders in this movement, says that, in his judgment, "In the modern movement for the protection of public health the visiting nurse is the most important figure." Our efforts to make the movement efficient should, therefore, be directed largely towards increasing the efficiency of the public health nurse.

Magnitude of the Problem. Many different plans have been proposed for accomplishing this purpose. Before discussing any of them I am going to present some very striking figures that were published in Hampton's Magazine for March 1912, in an article entitled "The Third Arm of the Hospital". This article says:

"The figures compiled by Professor Irving Fisher of Yale, President of the Committee of One Hundred on National Health, while interesting in themselves are doubly valuable in connection with the work of the hospital social service, as showing that these devoted workers are not tilting at windmills, but at hard, cold facts.

"According to Professor Fisher, all lives are useful when judged by the hard and fast rule of average, which takes account of every individual from the vagrant up to the railroad president. The actual value expressed in dollars and cents he puts at $2,900, and the average value of the 630,000 dying every year from preventable diseases at

*Address given before the Public Health Nursing Association of Philadelphia.

$1,700. The latter figure is lower than the general average, in order to equalize the higher average age of dying. These 630,000 preventable deaths therefore represent an economic loss to the country every year of over $1,000,000,000 in potential earnings.

"The loss from illness not resulting in death is even greater. Of the three million sick folks one million are in the working period, about three-fourths of these actually workers. These workers must lose, from day laborer to railroad president, an average of $700 in wages per year, making the total loss from illness $500,000,000. Adding to this another $500,000,000 expended in medicines, special foods, et cetera, we find Uncle Sam's total doctor bill every year to amount to $1,000,000,000—about one-half of which is preventable.

"Again, adding to this half billion for preventable illness the one billion charged against preventable death and our faulty sanitation, our ignorance of therapeutic measures, our carelessness and our general disregard of duty as our brother's keeper puts a fixed charge upon the community of a round billion and a half dollars every year.

"The hospital social service is enlisted in the fight against both the enormous waste of wealth and the incalculable waste of happiness and for the right to correct living."

What is Efficiency? We who are here this evening are all actively engaged in the administration or in the practice of public health nursing; and are, of course, anxious to make our work as effective as possible. We recognize the fundamental idea in efficiency is the elimination of waste. We must admit, however, that under present conditions there is an enormous amount of waste involved in the way that we do our work—a waste of money, a waste of time, a waste of human effort, and worst of all, a very great waste of opportunity.

We waste the time of our trustees when we ask half a dozen boards of managers, composed of busy people, to

do the work that could be done more effectively by one board; and when we fail to adopt a system of financial records and reports that would enable our executive officers to present to their boards at frequent intervals an intelligent statement of the work done and the unit cost of the work.

We waste the time of our nurses when we fail to provide the facilities that would enable them to do their work properly, for example, when we maintain many small, poorly equipped dispensaries and baby stations instead of a few good ones.

We waste a great deal of time in writing records that are never read.

We waste a large amount of money when we support many agencies, all doing the same kind of work, instead of developing a plan for uniting their efforts. It should be possible in almost every community to provide for a centralized administration, a unified staff, an intelligent division of labor, and a suitable division of the territory into nursing districts.

We waste a large part of our annual cost of maintenance when we fail to make ourselves familiar with the experience gained by others. Every community has a public health problem; and every progressive community has established a public health department and various private agencies in order to deal with it. It would be of the greatest advantage if we could develop an effective, central agency that would collect the experience of all of the public health nursing associations and put it at the command of each of them. This, as I understand it, is what the National Organization for Public Health Nursing has undertaken to do; and what it is already doing in a very effective way as far as its resources permit.

We waste many opportunities to help in preserving the health of those members of the community who are now well, but are likely, either through ignorance or through some other underlying cause, to lose their health and to become a burden on society.

We have an opportunity to go into the home of the expectant mother and teach her how to care for herself and her baby—both before and after birth—so that the baby will be well and will not be sacrificed to the ignorance and poverty which it is largely within our power to prevent. We must not waste this opportunity.

We have an opportunity to go into the public schools and discover among the children of school age physical defects and incipient cases of disease; and to deal with these cases in such a way that the well children will be protected and the children who are sick or defective will be given the necessary treatment. We must not waste this opportunity.

We have an opportunity to go into homes where one or more members of the family are suffering from tuberculosis; and there to teach the entire family how to care for the sick member and how to protect the other members from the dangers of contagion. We must not waste this opportunity.

Scientific Management Needed in Public Health Work. It is a big business undertaking to try to reduce a waste of one and a half billion dollars a year, and it should be managed in accordance with sound business principles; and yet, it is undoubtedly true that very few trustees are prepared to apply the same principles in the management of public health work that any one of them would apply as a matter of course in the management of his own business.

In these days of scientific management, every progressive business man is studying the principles of efficiency. He knows that in his own business it pays to have a planning department that will help him to make sure that his staff is so organized, his buildings and equipment so arranged, and his financial and operative statistics so prepared that his work will be done without unnecessary waste.

Management of Public Health Work Can be Made Scientific. The business man should also realize that in the management of any public health organization of which he

may be a trustee, he can insure efficiency by precisely similar methods. A striking illustration of this point is afforded by the record of the work done by school doctors and school nurses in New York City.

When the school doctors were working without the assistance of school nurses six per cent. of their directions were carried out and 94 per cent. were wasted. After the school nurses were added, 84 per cent. of their directions were carried out and only 16 per cent. wasted. In the first period it was necessary for the doctor to exclude from school in the course of a year 57,000 pupils. All of these pupils lost a part of their regular school work and in many cases they failed of promotion and were obliged to repeat their grade. Some years later, when school nurses were employed in addition to the school doctors, it was necessary to exclude only 4,000 instead of 57,000 pupils. This meant a tremendous reduction in the amount of pupils' time wasted through exclusion because of physical defects.

Principles Should be Defined. A few of the officials in public health departments and in private organizations are already convinced that it is possible to make the management of public health work sufficiently scientific to eliminate a great deal of preventable waste; but the majority are still in doubt. This is largely due to the fact that there is at present no authoritative statement of the fundamental principles of efficiency as applied to public health work. In the absence of such a statement, it may be of service for me to present here a brief outline of the principles of efficiency which are applicable in every field of human activity —business, professional, governmental, educational and philanthropic; and to show by a few concrete illustrations how these principles can be applied in public health nursing.

Principles of Efficiency. Mr. Harrington Emerson, one of the foremost efficiency engineers in the United States, has formulated the following list of the fundamental principles of efficiency: (1) clearly defined ideals; (2) common sense; (3) competent counsel; (4) discipline; (5) the fair

deal; (6) reliable, immediate and adequate records; (7) despatching; (8) standards and schedules; (9) standardized conditions; (10) standardized operations; (11) written standard practice instructions; and (12) efficiency reward. Each of these principles really is fundamental and should be given careful consideration by trustees who desire to make the management of public health nursing efficient.

Clearly Defined Ideals. The ideals of public health nursing should be clearly defined. At the second annual meeting of the National Organization for Public Health Nursing, one of the speakers said "The aims and objects of your organization are concisely summed up in your official circular emphasizing the principles of consecration to community service, which is but the equivalent of efficient aid rendered to the many instead of to the few." It seems to me that this is one of the best statements of the ideals of public health nursing that has yet been made.

Common Sense. Common sense should be used by the public health nursing authorities in all of their work. For example, they should avoid the unnecessary duplication of effort that will inevitably result if a number of different organizations with highly specialized functions, all send public health nurses into the same district at the same time. Surely it is not an evidence of good common sense for us to give a poor woman on the east side of New York reason to complain that we send into her home the "nurse of the head" the "nurse of the legs" the "nurse of the baby" and the "nurse of the lungs" all on the same day; and yet, I am told that this is by no means an unusual occurrence.

Competent Counsel. Competent counsel should be employed by the public health nursing authorities whenever necessary. A good illustration of this principle may be found in the recommendations that are made by the National Organization for Public Health Nursing whenever they find a number of different nursing organizations all working independently in the same community. They urge that these organizations unite in providing some form of central ad-

ministration or that they provide at least for close co-operation between the nurses employed by the various organizations. They recommend that the entire corps of public health nurses be made a unit; that the territory be divided into districts so as to make it unnecessary for each nurse to cover the entire area; that any nurse be allowed to give instruction and care to any member of the family who may need it at the time of her visit, as far as her training and ability will permit; and that her efforts be supplemented in each important field of public health nursing by a competent staff officer, who will act as consultant and supervisor and will supplement the work of every member of the regular nursing staff.

Discipline. Discipline should be enforced by the public health nursing authorities whenever necessary. The public health nurse is sent out into the community to do her work largely without supervision and on her own initiative. She should be held strictly accountable for making the best use of her time and for conforming to all the rules and regulations that are made for her guidance.

The Fair Deal. The public health nursing authorities should give a fair deal to every one concerned in the movement—its trustees and contributors, its doctors and nurses, its patients and the public. The fair deal requires that the interests of the patients who are cared for by the public health nurse shall be protected by making sure that in each case the nurse sent is really competent to do the professional work involved. The fair deal requires that the interests of the contributor who is asked to support public health nursing shall be protected by giving him some assurance that the money he contributes will be used to good advantage. The fair deal requires that the interests of the nurse who is employed shall be protected by giving her, as far as possible, the facilities that will enable her to perform successfully her part of the work.

Records. Reliable, immediate, adequate and permanent records of public health nursing should be kept. The system

of social and nursing records should be such that it will aid the nursing staff not only in their care of the patients, but also in preserving the history of each case in such a form that it will be available for use as a record of experience and a guide in determining future policy. The system of financial records and statistics should be such that it will enable the superintendent to lay before the board of managers at frequent intervals a clear picture of the work done and the unit cost of this work; and will afford a common basis for comparing the results accomplished by each nursing association with those of all of the other similar organizations throughout the country.

Despatching. The despatching of work of public health nursing should be just as prompt and systematic as the despatching of special trains on a railroad, or the despatching of work in a shop. For example, we should not waste a great deal of time and human effort and, therefore, a great deal of money, by bringing the nursing staff into a central office from outlying districts at frequent intervals, instead of establishing local sub-stations in a drug store, or a charity organization, or allowing the nurses to report by telephone.

Standards and Schedules. Definite uniform standards should be adopted by the public health nursing authorities to enable them to measure the economy and efficiency of their work. For example, we should decide whether it is more important for the nurse to give bedside care or health instruction; whether she should do thorough work with a few cases or superficial work with a large number of cases; whether she should work under constant supervision or without supervision; whether she should be provided with facilities for rapid transportation, as is done in several cities and towns in the United States where the social service nurse has an automobile for constant use, or shall have no facilities for going rapidly from one case to another.

There is a great diversity of standards in use at the present time. Public health authorities are usually anxious

to have municipal nurses make as many visits as possible, i. e., they emphasize the *quantity* of work done. Nursing associations are especially interested in nursing ideals and nursing service, i. e., they emphasize the *quality* of work done. Insurance companies and industrial concerns are interested in public health nursing from the commercial standpoint, because it will lengthen the average term of life, or will increase the capacity of work. There should be some common standards that will be recognized by all these different agencies.

Standardized Conditions. The conditions under which public health nursing is carried on should be standardized, i. e., we should make a scientific study of the results of experience in public health nursing in many different communities, in order to determine the conditions under which each department of the work can be carried on with the highest degree of success; and should then provide for each department the facilities indicated by the results of this study.

Standardized Plan of Operation. The plan of operation for public health nursing should be standardized, i. e., we should determine what is the best available form of organization; what administrative machinery is necessary; what is the proper division of labor between the different members of the staff; what financial and medical records and reports will be of service; how far it is possible to use volunteer help, etc.

Written Standard Practice Instructions. Public health nursing authorities should define clearly the rules and regulations governing ordinary procedure for every department of their work. There are of necessity, frequent changes in the personnel of the medical staff, the nursing staff and the administrative staff of public health nursing organizations, and it is not possible for the policy of these organizations to be continuous and the practice to be consistent unless the rules and regulations are clearly defined.

Efficiency Reward. There should be a suitable reward

for efficiency in every department of public health nursing. For example, in the business departments the amount of compensation paid to employees should be determined by applying the same standards that would be applied in any well managed commercial enterprize. In the nursing department the professional recognition given to a member of the nursing staff should be, as far as possible, directly proportional to her professional success.

Plan for Increasing the Efficiency of Public Health Nursing. There are at present no accepted standards for measuring the efficiency of public health nursing, and until the National Organization for Public Health Nursing was formed, no concerted action had been taken to define such standards. Many visiting nurses regard their work as confined chiefly to bedside care. This is unfortunate, since the actual bedside care is often only a means of accomplishing the larger purpose of prevention and education.

The leaders in this movement seem to agree that instruction in health matters and practical demonstration should be given together. The school nurse should not only advise the mother what to do, but should show her how to do it. The infant welfare nurse should not only tell the mother how to modify the milk or wash the baby, but show her how to carry out the instructions. The tuberculosis nurse should not only advise the family in regard to the ventilation of the home and the sanitary precautions that should be taken in order to prevent contagion, but she should give a practical example of how to apply this advice.

As I understand it, the National Organization for Public Health Nursing has been established for the purpose of suggesting to the various local associations the ideals for which those associations should work; and in addition, defining standards by which the local associations can measure their efficiency. The National Organization has no administrative control, but accomplishes its purpose by means of advice and suggestions, and tries to stimulate each organization to ask for more help.

Some of the best administrative officers in the National Organization are now engaged in the task of preparing standard forms for nursing records and standard rules and regulations that will be recommended for adoption by nursing associations throughout the country. Each local organization will be asked to try out the proposed system and rules; and to help in bringing about the adoption of a uniform system of records and reports that will make it possible to compare the amount and the cost of the work done by the various nursing organizations.

Standardization of Public Health Nursing. The National Organization is planning to define a series of standards that will enable any board of trustees in the country to answer the following questions in regard to their own associations:

(a) Is our form of oraginzation such that we are able to serve the real need of our community?

(b) Is there any preventable waste in our work?

(c) Are the buildings and equipment we are using such that it is possible for us to do the best work?

(d) Do we spend a sufficient amount of money each year to insure good work?

(e) Do we keep our nursing and financial records in a form that will enable us to show the community sickness experience and the cost of dealing with it effectively?

(f) Do our social service and follow-on systems enable us to ascertain the end results of our work?

(g) Do our nurses get as good results as they should in the treatment and care of their patients?

(h) Does our association co-operate actively with the public authorities and the various private institutions and agencies in protecting the health of the community?

Training of Public Health Nurses. When a board of trustees have answered these questions in regard to their own institution and have adopted the plans recommended by the National Organization, as far as the local need makes necessary and the local resources permit, they must still

depend for their success on the professional equipment of the public health nurse whom they employ to do the field work. How shall this nurse be trained?

The authorities of our training schools, of which there are now over 1000 in the United States, are giving a great deal of thought to this question at the present time, because they realize that if the training school is to discharge its full responsibility it must broaden its course of study. It should add the necessary training in sanitation, in community health and in community welfare, so that at least a part of its graduates will be prepared, not only for private and institutional work, but for every important phase of public health nursing.

Hospital Department for the Preservation of Health. The hospital itself should also broaden its work. Its functions already include not only the care of the sick, which was originally its sole purpose, but also the prevention of disease, the scientific study of the causes and the treatment of disease and the systematic education of doctors, nurses and the public.

I believe that the time is not far distant when our most progressive hospitals will establish special departments for the preservation of health, in which they will group many of their most important activities—preventive clinics for babies and children, tuberculosis clinics, the educational work that is done through individual instruction and through lectures, classes and various forms of publication—in fact all of the community activities that are, in the largest sense, the social service work of the hospital.

The Children's Hospital of Philadelphia has already provided for the establishment of such a department and will commence active work in this field as soon as the new Babies' Dispensary and Out-patient Building, now under construction, are completed.

Health Unit. The establishment of a special department for the preservation of health is, however, merely the next step in our progress toward the goal which has been

defined for public health work. It is reasonable to expect that in due time our cities will be divided into health dis-- tricts and that in each district a health unit will be established, including a hospital for the treatment of the acutely sick, a dispensary for the treatment of ambulatory cases, a milk station for infant welfare work, a tuberculosis clinic, a public school from which the school doctor and the school nurse can work, and such other health activities—public and private—as may be needed by the particular district in which each unit is located.

The New York Plan. The New Committee on Hospital Inquiry recently made a study of sickness in the home, covering two typical districts in New York City, and as a result reached the following conclusions:

(1) That a very large proportion of all sickness is cared for in the home and that this will continue to be so. They estimated that in the population of over 600,000 on the lower East Side during the year 1910, only 10 per cent. of the 400,000 days of sickness were cared for in hospitals.

(2) That the small percentage of sickness taken to hospitals and the large number of cases that attend dispensaries but once, indicate a lack of confidence in municipal hospitals and dispensaries on the part of most of the people.

(3) That it is evident that the municipal hospitals have comparatively little knowledge of the condition of the homes from which sickness comes to the hospital or to which convalescent cases are sent.

With the purpose of more adequately caring for sickness in the home and with the purpose of curing or alleviating many of the conditions set forth in their report, the Committee suggested the establishment of an experimental health center and described in detail the plan for its organization and operation.

They state that a health center, properly operated, should accomplish the following results:

1. It would bring the hospitals and health Department into co-operation, and leave no uncovered territory between the functions performed by each.
2. It would enable the hospitals to secure a thorough knowledge of the working and home conditions of patients coming into the hospitals, and any factors contributing to sickness.
3. It would retain at home many patients that otherwise would go to the hospitals, and would exercise an intelligent opinion as to those that should or should not be treated in the hospitals.
4. It would give more intelligent care to convalescing patients, such as is now given in but a limited degree by the Social Service Department of Bellevue Hospital, and would restore these patients to health and working vigor much sooner than is now done.
5. It would advise patients when to go to an out-patient department, and, by visits to their homes, would induce them to make as many subsequent visits as might be needed to effect a cure.
6. By maintaining supervision over contagious and infectious cases cared for at home, their possible spreading would be minimized.
7. Cases of contagion discovered by the physicians and nurses of Bellevue would come to the notice of the inspectors of the Health Department at once and thus would be obviated the delay due to the process of notification by mail.
8. The instruction of mothers in a Health Center should be a material aid in securing and maintaining health conditions in the family.
9. Centralizing information and records of a district at one place would make them accessible to all agents in the district, thus rendering it possible to treat a large proportion of sickness at its inception.

By this system, duplication of effort would be reduced, the hospitals would be relieved, and the amount and duration of sickness diminished.

Experimental Health Center Already Established. The establishment of a health center such as I have just described is not merely a dream to be realized in the far distant future—it is already an accomplished fact. The experimental health center proposed by the New York Committee has already been established, and the New York authorities believe that it will blaze the way for new and greater achievements in the public health movement and for a marvelous extension of the field of usefulness of public health nursing.

The Administrative Side of Visiting Nursing

(Continued.)

ANNIE M. BRAINARD

IV.

Committee on Nurses

As the nursing service of a Visiting Nurse Association is its principal feature, and as it is by the quality and effectiveness of this service that such an association is judged, it is of the utmost importance that the nurses employed be of the highest standing, and that the Committee on Nurses should be of the strongest, and be thoroughly informed as to the requirements of the work, the qualifications necessary in the nurse, and the standard required in order to make the work of a public health nurse valuable and effective. The time has passed when this kind of work can be carried on merely as an independent charity to be extended to any needy person, and directed merely as the kind-hearted, but perhaps inexperienced, enthusiasm of an individual may suggest.

It is now recognized that visiting nursing forms a part of the whole great movement for public health, and in order that it may do the greatest good—in fact, in order that it may not do positive harm—it is necessary that it be conducted according to certain well recognized principles and procedures.

The Committee on Nurses is primarily responsible for the standard and quality of this nursing, for, although the Committee must, as a matter of course, rely greatly upon the advice and judgment of its nurse or nurses, it is, in the final analysis, the judgment of the Committee, not the judgment of the nurse, which prevails, and it is the Committee

which is responsibie to the Board and, through it, to the public.

The most important of all, in fact the pivotal point on which the success or failure of all the work hinges, is that the nurse or nurses should be of the highest quality procurable. For a new organization just starting public health nursing it is almost essential for the good of the work that a nurse be engaged who is not only a graduate of a well-recognized training school, but one who is already experienced in visiting nurse work and, if possible, one who has taken a post graduate course in public health nursing, or who has at least had several years of experience in some well-organized association under the guidance of a superintendent of standing. By employing such a nurse the work will be started in the right way, and many future complications avoided. The best and safest way in which to procure such a nurse is to apply to the Central Office of the National Organization for Public Health Nursing. In that way a thoroughly reliable and properly qualified nurse will always be assured. Sometimes, however, a nearby visiting nurse association can render assistance in finding the right nurse or, if it has a large staff of its own, can even furnish the nurse from among its own number. Another safe way to secure a good nurse is to apply to one of the centres where courses in post graduate nursing are given—such as The Boston Visiting Nurse Association; The Cleveland Visiting Nurse Association; or The Chicago Visiting Nurse Association. Such a nurse will naturally command a rather high salary; but it is better to wait until an adequate salary is forthcoming and then to start the work in a manner that will commend itself to the public, than to attempt to start with a poorly equipped nurse and an ignorant Board, and later find oneself in a very quagmire of difficulties.

If a good nurse of experience is engaged by a young organization, the Committee on Nurses will do well to defer almost entirely, at first, to the judgment and recommendations of the nurse; for it is the self-evident truth that such

a nurse will be much better qualified to judge and recommend on technical matters than any committee of inexperienced townsfolk. On the other hand, the members of the Committtee must not fall into the lazy habit of placing all responsibility upon the shoulders of the nurse, for no person is infallible in judgment, and the combined judgment and counsel of a well informed, intelligent and varied committee, reinforced by the technical knowledge and experience of the nurse, must be more valuable than the judgment of any one individual.

It is absolutely necessary that the nurse—or Superintendent of Nurses, if there are several—should be a member of the Committee on Nurses and should be present at all meetings, for even in an old and experienced organization there are many questions of purely technical or professional nature which none but a nurse in close touch with the situation could pretend to answer.

In all the recommendations which follow, therefore, it will be understood that not only is the nurse a member of the Committee on Nurses, but that her suggestions and advice will always be considered as having extraordinary weight and value; for just as soon as a committee feels that it cannot consider as valuable the judgment of its nurse, just so soon may it be convinced that that particular nurse is not the one it needs; either the work has outgrown the capacity of the especial nurse to direct, or else she has not the force to carry her committee to wider outlook, or in some way has failed to retain the confidence of her committee as to the value of her judgment, and therefore no longer can they work together with harmony and profit.

The first, and perhaps most important function of a Nurses' Committee is the *procuring of nurses* for its staff. Where there is only one nurse this function is only occasionally exercised, and where there is a large central committee for procuring all nurses doing any form of public health nursing in the city, as in Cleveland, this function is never exercised. In most associations, however, where there are

a varying number of nurses on the staff, there is constant change going on and it is important to have some standing committee that shall be sufficiently well informed on the question to pass intelligent judgment as to the qualifications necessary in the new nurses taken from time to time on the staff. This function of procuring nurses includes the receiving of applications, investigation of credentials and the final acceptance or rejection of applicants.

The application usually comes first to the nurse in charge and may have been unsolicited, or may be in response to some tentative request or advertisement put out by the nurse or the committee. Before the application can be considered it is necessary to have certain information in regard to the applicant, and this the nurse, or Superintendent of Nurses is expected to procure. It is well to have a standard letter always ready, containing the essential questions regarding qualifications, and such information as the applicant would be likely to desire, so that the nurse has only to have a copy of the letter made and mailed at once,—thus saving much time, besides saving herself unnecessary trouble and thought.

The main points of information required from a nurse seeking a position on the staff of a Visiting Nurse Association are:

1. From what hospital did you graduate, and when?
2. What professional experience have you had since leaving the training school?
3. Have you had any training or experience in organized charity or public health nursing?
4. What is your age, nationality, religion, and condition of health?
5. What references can you give as to character and professional ability? (The Superintendent of Nurses of your training school and two other persons, not relatives, may be named.)

The professional standing of a nurse can always be ascertained if the name of her hospital and date of gradua-

tion is known. A pamphlet has recently been published giving a list of all the training schools in the country whose graduates come up to the standing required by the National Organization for Public Health Nursing; this pamphlet can be procured from the main office, New York City.

The answers to the second and third questions will give a somewhat general idea of the applicant's experience as a nurse, whether or not she is experienced enough in social work to fill the position required. If she is to work alone it is absolutely necessary, as already said, that she should have had some previous training in public health nursing; if she is to work under the direction of an experienced superintendent the point may be waived if she is otherwise eligible.

The fourth question is asked in order to learn the general qualifications and fitness of the applicant for the work; and the last question enables one to procure outside information as to personal character and professional ability.

A personal interview with the applicant is always advisable when that is in any way possible.

After all the data is received the whole question is discussed by the Committee and the decision given as to whether or not the applicant is to be accepted.

If she is accepted for work under a superintendent she is usually taken on probation for two or three months at a certain salary, and when finally taken on the staff given an increased salary, according to the schedule in use. When the applicant is already experienced, however, or when she is to assume at once direction and control of work she is accepted without probation and given from the start the salary which the position commands.

The second question of importance with which the Committee on Nurses has to deal is the question of *salaries*. In order to get good work one must be willing to pay a good salary, for the laborer is worthy of his hire, and the unprofessional committeeman must remember that years of study and preparation have been required in order to fit the nurse

for the position she is to fill; especially is this the case concerning the position of a visiting nurse, for we now not only require the full hospital training of a first class training school, but, whenever possible, the post graduate work. Moreover, the special ability and high intelligence which so much of the public health nursing requires mean that public health nurses are being drawn from the very cream of the nursing profession. We must then be prepared to pay adequate salaries. We cannot lay down definite rules as to what these salaries should be, as that must be governed greatly by local conditions, the kind of work required, the cost of living in the community where the work is to be carried on, and the experience and ability of the nurse in question. In general, however, we should say that a careful estimate should be made as to what the ordinary living expenses of the nurse would be in that locality, and then place the salary at such a figure as to give her a sufficient surplus to guarantee her interest and safeguard her future. Moreover, there should be, as Mr. Waterman says, "Suitable reward for efficiency," which means that a salary should be increased where efficient service rendered seems to warrant it.

The general *Rules and Regulations* governing the nurse, or nurses, should also be drawn up by the Committee on Nurses and passed upon by the Board. These rules will differ somewhat in different communities, but the following general rules are accepted by nearly all associations of standing:

1. Nurses should have had at least two years training in a general hospital of at least 50 beds, including obstetrical training.
2. Each nurse is given one month's vacation on full pay after one year's service and is expected to use this time for rest and recuperation.
3. Nurses are permitted to respond to all new calls, but are not permitted to continue on a case unless a physician is in attendance.

4. Nurses are subject to the authority of the physician in care of the case and are expected to observe professional etiquette.

5. Nurses are expected not only to give bedside care, but to teach cleanliness, hygiene, to instruct the family in the proper care of the sick and to prevent the spread of disease.

6. The nurse is expected to co-operate with all charity workers in her community.

7. The nurse is not expected to make Sunday visits, except in extreme cases.

Perhaps the most interesting, because the most human, duty of a Nurses' Committee is the listening to the nurse's report of the actual nursing work and the discussion of nursing problems. The nurse, whether she be the Superintendent summing up all the various branches of work done by the nurses under her supervision; or whether she be the only nurse on the staff, who herself is doing the work she reports, should bring to each regular meeting of the Committee a written report of the general work in the field and of any special work of individual nurses. These reports must be more or less confidential, for they should contain not only a brief survey of the work as a whole, with here and there reports of special cases to illustrate some special need or problem; but they should also contain an account of *how* the work is being done by each nurse, so that the Committee may be informed as to the quality of work done by each nurse on the staff, and may feel qualified and at liberty to discuss the ability and value of any nurse in its employ. By listening to these reports month after month, and by discussing with the nurse all the details they contain, a Committee becomes well acquainted with the problems presented to the nurse in the field; it knows the history and need of many of its most interesting and complex cases; and it learns to know and appreciate the fine work and unselfish devotion of its tried and true nurses, as well as to

perceive where a nurse may fail in one field, though do satisfactory work in another.

Such an intimate knowledge of the nurse and her work, and the mutual sympathy and understanding which it engenders is only possible where a Committee is set apart to consider with the nurse all her problems, and to whom the nurse may at all times turn for special instruction or advice, knowing that she will find not only sympathy and understanding, but will receive intelligent counsel in her need. The benefits of such close co-operation between the nursing force and the administrative force cannot be too strongly emphasized.

V.

The Supply Committee

(Written in collaboration with SUE W. HARMAN.)

The Supply Closet of a Visiting Nurse Association should contain all the articles required by the nurse in her work—surgical dressings, obstetrical pads, gauze sponges, and such drugs as are constantly used, such as camphorated oil, liniments, disinfectants, etc.; while all other drugs should be supplied as they are required and on the order of the physician. The cupboard should also contain thermometers and all surgical instruments needed, and such sick room articles as hot water bags, bed pans, air cushions, etc., as well as a generous supply of sheets, pillow cases, night clothes, and other garments. All linen articles should be marked "Visiting Nurse Association" in indelible ink. In special cases it is sometimes necessary to give these latter articles outright, but as a general rule they are only loaned. Baby outfits are always given. When articles are loaned it is necessary to keep a careful watch that they are not lost.

Drugs, etc. are expensive and in order to buy them at as reasonable a price as possible, and yet to be sure of getting only good quality, care and thought are necessary. Moreover, the ideal closet should contain all supplies required for three months ahead, for in illness no time can be

lost and if a nurse has not the necessary supplies at hand she is greatly hampered in her work.

The care and supervision of such a closet requires much work and thought, and it is well to have a special committee in charge, although where there is only one nurse in the field and the amount of supplies used is comparatively small, one member may take the place of a committee in purchasing and having general oversight of the work, while the whole board takes part in the making of bandages, dressings, baby outfits and other garments. There are many people who take particular pleasure in doing some work with their hands and seem to feel that only in that way can they help a charity—it is perhaps a survival of the old-time missionary sewing circle. For such people the making of supplies for the closet is a great boon, and it is well to keep the work for them and not use the time of such members as are willing or capable of doing less homely and sociable work—as, for instance, the supervision of records, or the responsibility of securing funds.

In large associations, however, it is absolutely necessary to have a special committee in charge of the closet, and in some cases it has even been found advisable to have a large auxiliary in charge, only the chairman of which may, perhaps, be a member of the Board.

The functions of a Supply Committee may be listed as,
Purchasing,
Sewing,
Inspecting,
Inventory Taking.

Each division should be in charge of a sub-committee or one special member.

Purchasing. Certain supplies in constant use may be ordered by the nurse or office secretary, i. e., routine articles, whose price and amount necessary for use have already been determined and O. K.'d by the committee; but it is the duty of the Chairman of the Committee to O. K. all special orders, and to pass upon and O. K. all new supplies

to be purchased. It is also the Chairman's duty to find out the best place to purchase supplies; to go over all bills and check them up with the price list, and to O. K. bills with the order book. Certain articles used in large quantities may often be bought at wholesale, or even at contract prices. It is also very helpful to correspond with various associations all over the country with regard to cost of supplies, as by this means it is often possible to obtain more economical rates. The cost of gauze, when purchased at wholesale, may be given at $1.95 per 100 yards. It may be bought in 5000 yd. lengths. Absorbent cotton costs 16c. per lb.; common cotton 10½c roll (80 rolls to a case, $8.40); unbleached muslin 6c per yd. These figures show a great saving from retail prices. The average number of pads which can be made from one roll of common cotton is 42; from absorbent cotton 72. Large quantities of pins are required, and dressmakers' pins may be purchased for 45c per lb.

Experience is the best teacher in the matter of purchasing wisely and economically, and all valuable knowledge on the subject gained by a Chairman while in office should be noted down in such a way that others following her may profit by her experience.

The Purchasing Committee should keep very accurate account of the amount of supplies purchased during the year and the prices given, and should keep all price lists for comparison. New price lists should be gotten from time to time, as prices change.

Sewing. Under this caption may be included the making of pads, bandages, gauze sponges, etc., as well as night clothes, baby outfits, nurse aprons and other plain sewing.

Each member of the Committee should be thoroughly instructed as to the proper making of pads and sponges and rolling bandages. The nurse can usually give this instruction in the first instance, but should not be called upon after having once thoroughly instructed one or two lay members. It is an excellent plan if some printing machine company

will cut the gauze into the required lengths. Their machines do the work in a very brief time, whereas it is a long work to do it by hand. The Chairman, or some other member of the Committee, should be present at the cutting, however, to see that it is done properly and in good time for use.

Much help in obtaining certain kinds of supplies may be obtained from Churches, Women's Clubs, Sewing Societies, etc. Babies' clothes and outfits especially are often given. It is well for the Chairman of the Committee to make plans for help of this kind during the summer. The various clubs, etc., may be approached and asked to promise their help, either in material, or offers of work, sewing, etc. Then when winter commences no time is lost in beginning; sewing may be given out, gauze for sponges, etc. Help may often be obtained from Old Ladies' Homes; the inmates of these institutions are often delighted to help with what sewing or needlework they can; and it is much appreciated if some member of the Committee visits at the meetings from time to time and entertains the workers. An occasional visit from the nurse (in uniform) also stimulates interest. It is also a very good plan to ask hotel housekeepers to send old clothes, linen, etc. left by guests; it is remarkable how many articles are left behind in this way, especially nightgowns and pajamas. People should be encouraged to send donations, whenever possible, directly to head office rather than to individual stations, as the latter only complicates bookkeeping.

Articles such as pads, sponges, etc. requiring sterilizing are usually sterilized at a hospital. Material for pads and sponges may be given out to the various sewing societies to be made, and when returned may be kept in the main Supply Closet until requisitioned; they may then be sent to the hospital for sterilization, and when returned, divided among the various sub-stations as required. The sterilizing is usually done at a stated time, and the nurse must look ahead and estimate how many sponges, pads, etc. may be needed before the next time. It is better always to keep an ample supply on hand.

A Donation Book should be kept to record all gifts, other than money, and a postal of thanks be mailed immediately upon receipt of any article.

Inspecting. The duties of the Inspection Committee consist in comparing the articles in the closet with the nurses' receipts, in verifying all lists, and in finding out just where supplies are. It is also the inspector's duty to see that the closet is kept clean and in proper order, and to make sure that linen, aprons, etc. are returned from the laundry and that loaned articles are returned when done with. The inspector should always sign her name, with date of inspection in the Supply Book. The nurse should keep her own record book, noting down the amounts received and articles loaned or given, and should inspect her own book once a month.

In a large association where there is a main office with a large supply closet, and several sub-stations, each with its smaller closet, it is necessary to keep the main closet well stocked with a sufficient quantity of all supplies to fill the requisitions of the nurses from the sub-stations. These requisitions should be sent in once a week, and it is the duty of the nurse to look ahead and send in for such supplies as are exhausted or that she expects to need. The requisitions can be mailed to the head office and should be received on a certain day. It is well to have a little requisition slip printed for the purpose. As soon as the requisition is received it is filed, or entered in a Requisition Book. The next day the orders are all filled, done up in packages, and entered in a second book as filled. The following day all the articles may be delivered to the nurses. In the case of a large association, or great distances, where the nurse cannot get her own package, a boy may be engaged to deliver at a small cost—say $1.00 per week for delivering ten packages. It is well to divide this work into three days, as that usually assures all the requisitions being filled when the nurse or boy calls for distribution.

Care should be used by the nurse in stating the amount

of stuff required—it is not sufficient to requisition merely pads, gauze sponges, disinfectant, etc.—the exact quantity should always be stated. On receipt of the supplies the nurse should enter them in her Supply Book as having been received by her from the head office. Thus, when an inventory is taken, the books of the head office and the nurse's book should check each other.

Inventory taking. It is essential to take an inventory of all supplies at least once a year. All articles should then be checked up with the various books and an exact inventory taken. In this connection, much time is saved if all supply and record books used by nurses and office are marked with the same name and kept according to the same system; much confusion may be caused if one nurse calls her supply book 'record book', another has a different name, etc. It is important that the person taking the inventory should know the names of the different instruments, so that should the nurse be called away during the inventory taking, confusion may not arise. It is also very useful to be able to judge accurately the contents of bottles, or weight of goods.

When an inventory is to be taken, nurses who are out should be asked to leave an accurate list of the contents of their bags. A very careful, accurate account should be kept of all supplies purchased during the year, and the quantities used, and nurses should be urged to use economy with all supplies. Nurses who have never before done district work and who are accustomed to the lavish supply of articles in hospitals or in private nursing may not at first realize the need of great economy in charity work, and while it should be made very clear that all necessary supplies will be gladly furnished, it should be made equally clear that all waste or extravagance will be strongly disapproved.

The nurses and inspectors in charge of the stations should be careful not to let useless supplies accumulate in the station closets. All articles (such as crutches, bed pans, hot water bags, etc.) over and above the usual quota allowed to each sub-station should be returned as promptly as possi-

ble to the head office when they have been returned by the patients to the various stations; the return and receipt of the articles being carefully recorded at station and head office.

The following is a list of useful headings for the Supply Book:

Names of nurses in charge of sub-station: Date of taking charge.
Ideal list of supplies for three months.
Dated copy of Annual Inventory.
Dated list of articles on hand.
Dated list of articles donated (from sources other than the head office).
Dated list of articles received from head office.
Dated list of articles returned to head office.
Dated list of articles loaned to patients.
Dated list of articles returned by patients.
Dated list of articles given away to patients.
Dated list of articles in laundry.
Dated list of articles destroyed.
Dated list of articles unaccounted for.

Careful note should be made of addresses of patients to whom articles have been loaned.

The following statistics and lists may be found of value in caring for or fitting up a Supply Closet.

CONVENIENT STATISTICS

Careful note should be made of addresses of patients to whom articles have been loaned.

Packages. Five separate sponges are rolled in one "Sponge Package." Five separate pads are rolled in one "Pad Package."

Muslin (when torn in three strips). 1 43 yd. bolt of unbleached muslin (1 yd. wide) ("Hermit Brown") makes 294 sponge package covers, and 103 pad package covers. Sponge covers are 10½ in. square. Pad covers are 15 in. square. (Muslin covers can be washed).

Gauze (when cut in two lengthwise by machine). 1 100 yd. bolt of gauze (1 yd. wide, bolts folded in ½ yd. widths) makes approximately 150 separate sponges or 30 sponge packages and 386 separate pads or 77 1-5 pad packages. Sponges vary from 8 in. to 10 in. in width. Pads vary from 10 in. to 12 in. in width. Sponges are made double thickness. Pads are made single thickness

Cotton. 1 roll common cotton ("Northwest Batts") makes 42 separate pads or 8 2-5 pad packages. 1 lb. absorbent cotton makes 72 separate pads or 14 2-5 pad packages.

Pins. Each sponge and pad package must be carefully pinned with two pins.

Measurements. (In measuring materials for sponges with 1 bolt of muslin as basis): 1 bolt of muslin makes 294 sponge package covers and 103 pad package covers. 10 bolts of gauze make 300 sponge packages and 772 pad packages. (In measuring materials for pads with 1 bolt of muslin as basis): 1 bolt of muslin makes 103 pad package covers and 294 sponge package covers. 1 bolt of gauze makes 77 1-5 pad packages and 30 sponge packages. 10 rolls common cotton makes 84 pad packages. 6 rolls absorbent cotton makes 86 2-5 pad packages.

Prices. Gauze costs $1.95 per bolt. Muslin costs $2.85 per bolt. Common cotton costs 10½c a roll. Absorbent cotton costs 16c per lb. Pins costs 45c per lb.

APPROXIMATE LIST OF SUPPLIES NEEDED

In town of 600,000 for period of three months. 20 Nurses. 10 Sub-Stations. 1,330 Cases. (Average number for 3 months per station, 133 cases—2 nurses)

Compiled by Sue M. Harman.

MAIN OFFICE

A. B. S. & C. Pills, 1000.
Adhesive Plaster, 3 rolls.
Air Cushion, 1.
Alcohol, 7½ gal.
Ammonia (household), 2 pts.
Applicators, 72 doz.
Aprons (Nurses'), 4 doz.
Argyol, 3 oz.
Aromatic Spirits of Ammonia, 6 oz.
Atomizers, 2.
Baby Bands, 1 doz.
Baby Blankets, 1 doz.
Baby Gowns (flannel), 1 doz.
Baby Gowns (muslin), 1 doz.
Baby Jackets, 1 doz.
Baby Outfits, 18.
Baby Shirts, 1 doz.
Baby Skirts, 1 doz.
Baby Stockings, 1 doz. pr.
Bags (laundry), 6.
Bags (Nurses), 2.
Bags (Linings), 4.
Bags (Paper), 12 doz.
Balsam of Peru, 3 oz.
Bandages (gauze), 1500.
Bandages (muslin), 200.
Bandage (roller), 1.
Basins (instrument), 2.
Basins (pus), 2.
Basins (surgical), 2.
Bath Tub, 1.
Bed Pads, 1 doz.
Bed Pans ("Perfection"), 2.
Bed Slippers, 2 pr.
Beef Extract, 6 jars.
Benzoin (deodorized), 8 oz.
Bichloride Tablets (U. S. P.), 1000.
Blankets, 1 doz.
Blanks (requisition), 6 pads.
Blanks (violation of housing conditions), 100.
Blotters (large), 2 doz.
Blotters (small), 3 doz.
Blotter Pads, 2.
Bodkin, 2.
Bottles (2 oz.), 9.
Bottles (4 oz.), 9.
Bottles (6 oz.), 9.
Bottles (8 oz.), 9.
Bottles (quart), 9.
Bottles (5 pts.), 5.
Bottles (glass stoppered), 1 doz.
Bottles (for nurses' bags), 1 doz.
Bottle Cleaners, 4.
Boric Acid Powder, 5 lbs.
Breast Pump, 1.
Brushes (hand), 1 doz.
Brushes (scrubbing), 6.
Bulletin Board, 2.
Books (calendar for address, service money, and memorandum), 3 doz.
Books (car tickets), 40.
Book (main office—day), 1.
Books (station—day), 2.

Book (donation), 1.
Book (station-call), 1.
Book (supply), 1.
Calendars, 3.
Camphor (Spirits of), 8 oz.
Camphorated Oil, 1 gal.
Carbolic Acid (95%), 8 oz.
Cards (Babies' Dispensary and Hospital), 200.
Cards (Co-operative Employment Bureau), 200.
Cards (Dental Clinic—W. R. U.), 200.
Cards (Lakeside Hospital), 200.
Cards (Society for Promoting Interests of the Blind), 200.
Cards (St. Luke's Hospital), 200.
Cards (Tuberculosis Dispensary), 200.
Cards (Visiting Nurse Association), 200.
Cards (W. R. U. Dispensary), 200.
Carron Oil, ½ gal.
Castor Oil, 1 qt.
Catheters (glass), 6.
Catheters (rubber), 3.
Clips, 3 boxes.
Collodian, 4 oz.
Combs, 2.
Comforters, 3.
Connecting Points (glass), 3.
Cord, 12 balls.
Cord Holders, 2.
Corks (assorted), ½ lb.
Cork Screws, 2.
Cotton (absorbent), 125 lbs.
Cotton (common), 5 doz. rolls.
Creolin (crude), ½ pt.
Crutches (various sizes), 6 pr.
Crutch Rubbers, 3 pr.
Crosses (nurses' uniforms), 12 doz.
Cups (Lilly paper), 1000.
Cups (collapsible), 2.
Curtains.
Diapers, 5 doz.
Dictionary (medical), 1.
Directory (charity), 1.
Directory (street), 6.
Dispensary Gowns, 2.
Distillata Outfit, 1.
Douche Bags, 4.
Douche Bag Clamps, 3.
Douche Pans (Perfection), 2.
Douche Tips, 24.
Dressing Bags* (see note below), 18.
Droppers (medicine), 1 doz.
Dutch Cleanser, 3 boxes.
Elastic Bands (assorted), 1000.
Enema Tips, 18.
Envelopes (commercial), 2 doz.
Envelopes (pill), 4 doz.
Envelopes (for bedside record left in patient's house), 125 doz.
Envelopes (stamped), 1500.
Epsom Salts, 8 oz.
Erasers, 6.
Ether (Squibs), ½ lb.
Eye Flushers, 2.
Feeder, 1.
Feeding Tubes, 1 doz.
Filing Box, 1.
Flannelette.
Flannel.
Foolscap (sheets), 225.

*Experiments in using aluminum screw top boxes instead of dressing bags have proved very successful.

Formaldehyde, 1 lb.
Forceps (artery), 3.
Forceps (dressing), 3.
Funnels, 2.
Gauze, 1 bolt.
Glycerine, 1 qt.
Graduates (glass), 3.
History Cards (social), 1 gross.
Hot Water Bags, 3.
Hypodermic Syringe and Case, 3.
Hypodermic Needles, 6.
Ice Caps, 2.
Ink (black), 1 pt.
Ink (indelible), 3 bottles.
Ink (red), ½ pt.
Ink Stands, 6.
Instrument Cases, 18.
Iodine, 6 oz.
Irrigating Points, 3.
Jars (glass—dressing), 8.
Kelly Pad, 1.
Knife (pen), 1.
Labels, 6 boxes.
Larkspur (Tincture of), 1 qt.
Linen (old).
Linseed Oil, 1 qt.
Listerine, 6 pts.
Lysol, 1 gal.
Maps (city), 3.
Map (city—districted), 1.
Matches (safety), 12 boxes.
Morphine Sulphate Tablets (grs. ¼), 1 tube.
Muslin, ½ bolt.
Myrrh (Tincture of), 6 oz.
Needles, 3 papers.
Nightgowns (children's cotton), 1 doz.
Nightgowns (children's flannel), 1 doz.
Nightgowns (men's cotton), 1 doz.
Nightgowns (men's flannel), 1 doz.
Nightgowns (women's cotton), 1 doz.
Nightgowns (women's flannel), 1 doz.
Nightingales, 6.
Obstetrical Packages (5 pads in pkg), 750.
Ointment (ammoniated mercury), 2 lbs.
Ointment (boric acid), 5 lbs.
Ointment (Ichthyol), 1 lb.
Ointment (sulphur), 1 lb.
Ointment (zinc), ½ lb.
Ointment Boxes (tin), 100.
Ointment Jars, 3.
Olive Oil, 3 qt.
Orange Sticks, 2 doz.
Pail (dressing), 1.
Paper (carbon), 1 doz. sheets.
Paper (parrafine), 12 rolls.
Paper (shelf), 12 rolls.
Paper (sputum), 500 sheets.
Paper (toilet), 6 rolls.
Paper (wrapping 27 in.), 114 lbs.
Paste, 3 bottles.
Pencils (black), 6 doz.
Pencils (red), 6.
Pen Holders, 1 doz.
Pens (assorted), 2 boxes.
Pen Trays, 6.
Peroxide Hydrogen, 12 lbs.
Petroleum (crude), 1 lb.
Picric Acid, 8 oz.
Pillow Cases, 24 pr.
Pins (common), 1 box.
Pins (safety), 3 gross.
Pitchers (white enamel), 2.
Plate (electric or gas), 1.
Porous Plaster, 4 rolls.

Potassium Permanganate (tablets), 500.
Powder Shakers, 2.
Post Cards (donation).
Probes, 2.
Records (bedside), 1 gross.
Records (continuation), 1 gross.
Records (daily), 2000.
Records (social history), 1000.
Records (statistical), 2000.
Rectal Tubes, 2.
Rubber Gloves, 2 pr.
Rubber Sheeting, 2 yds.
Rulers, 6.
Scale (small), 1.
Scalpels, 2.
Scissors (common), 4.
Scissors (surgical), 2.
Scoops, 2.
Scrap Baskets or Pails, 3.
Scratch Pads, 20 lbs.
Sheets, 1 doz.
Shelf Covers (muslin), 76.
Sign (Visiting Nurse Association), 1.
Silver Nitrate Solution, 1% (2 tubes in box), 4 boxes.
Soap Boxes, 2.
Soap Dishes, 2.
Soap (green, German, liquid), 14 pts.
Soap (Ivory), 2 doz. bars.
Soap (Sapolio), 2 bars.
Soap (Sapolio, hand), 2 bars.
Sodium Chloride Tablets, 2 lbs.
Spatulas, 2.
Spindles, 6.
Sponges and Cups, 6.
Sponges Gauze (5 sponges in package), 2000 packages.
Stamps (2c), 200.
Stamps (rubber, date), 2.
Stamps (rubber, district), 10.
Stamp (rubber, Federation of Charities and Philanthropy), 1.
Stamp (rubber, Main office, indelible), 1.
Stamp (rubber, Special committee), 1.
Stamp (rubber, O. K. for Supply Committee), 1.
Stamps (rubber, Visiting Nurse Ass'n and Address), 2.
Sterilizer (steam), 1.
Strychnine (gr. 1-60), 3 tubes.
Syringe (ear), 2.
Syringe (small glass), 2.
Syringe (hard rubber), 1.
Tags (nurses' bags), 4.
Tags (shipping), 2 doz.
Talcum Powder, 8 oz.
Tape, 6 rolls.
Tape Measures, 2.
Tea Kettles (enamel), 2.
Thermometers (bath), 2.
Thermometers (clinical mouth), 6.
Thermometers (clinical rectal), 6.
Thermometer (wall), 1.
Thimble, 1.
Thread (black), 2 spools.
Thread (white), 2 spools.
Thumb Tacks, 3 boxes.
Tongue Depressors (wooden), 1000.
Tooth Picks, 2 boxes.
Tourniquet, 1.
Towels (bath), 2 doz.
Towels (dish), 1 doz.
Towels (hand), 5 doz., or Towels (paper), 3 doz. rolls.
Vaseline, 1 lb.
Wadding, 2 sheets.
Wash Cloths, 1 doz.
Zinc (Stearate of), 6 oz.
Zinc Oxide Powder, 8 oz.

SUB-STATION

A. B. S. & C. Pills, 200.
Adhesive Plaster, 1 roll.
Air Cushion, 1.
Alcohol, 1 gal.
Ammonia, 1 pt.
Applicators, 1 box.
Aprons, 2 doz.
Argyol, ½ oz.
Aromatic Spirits of Ammonia, 2 oz.
Atomizer, 1.
Baby Bands, 3.
Baby Blankets, 3.
Baby Gowns (flannel), 3.
Baby Gowns (muslin), 3.
Baby Jackets, 3.
Baby Outfits, 3.
Baby Shirts, 3.
Baby Skirts, 3.
Baby Stockings, 3 pr.
Bags (laundry), 2.
Bags (nurses'), 2.
Bags (paper), 1 doz.
Balsam of Peru, 1 oz.
Bath Tub, 1.
Bandages (gauze), 150.
Bandages (muslin), 50.
Basin (instrument), 1.
Basins (pus), 2.
Basins (surgical), 2.
Bed Pads, 3.
Bed Pans ("Perfection"), 2.
Bed Slippers, 1 pr.
Benzoin (deodorized), 1 oz.
Bichloride Tablets (U. S. P.), 400.
Blankets, 3.
Blanks (requisition), 1 pad.
Blanks (violation of housing conditions), 1 pad.
Blotters (large), 2.
Blotter Pad, 1.
Blotters (small), 1 doz.
Bodkin, 1.
Books (calendar for address, service money, memorandum), 14.
Books (car tickets), 4.
Book (station call), 1.
Book (station—day), 1.
Book (supply), 1.
Bottles (2 oz.), 3.
Bottles (4 oz.), 3.
Bottles (6 oz.), 3.
Bottles (8 oz.), 3.
Bottles (qt.), 3.
Bottles (5 pt. for solutions), 5.
Bottles (glass stoppered), 2.
Bottles (for nurses' bags—screw top), 1 doz.
Bottle Cleaner, 1.
Boracic Acid Powder, ½ lb.
Brush (scrubbing), 1.
Brushes (hand), 2.
Bulletin Board, 1.
Calendar, 1.
Camphor (Spirits of), 1 oz.
Camphorated Oil, 8 oz.
Carbolic Acid (95%), 2 oz.
Cards (Babies' Dispensary and Hospital), 100.
Cards (The Co-operative Employment Bureau), 100.

Cards (Dental Clinic, W. R. U.), 100.
Cards (Lakeside Hospital), 100.
Cards (St. Lukes Hospital), 100.
Cards (Society for Promoting the Interests of the Blind), 100.
Cards (Tuberculosis Dispensary), 100.
Cards (Visiting Nurse Association), 100.
Cards (Western Reserve University), 100.
Carron Oil, 1 qt.
Castor Oil, 6 oz.
Catheters (glass), 2.
Catheter (rubber), 1.
Clips, 1 box.
Collodian, 2 oz.
Comb, 1.
Comforter, 1.
Connecting Points (glass), 2.
Cord, 1 ball.
Cord Holder, 1.
Corks (assorted), 2 doz.
Cork Screw, 1.
Cotton (absorbent), 15 lbs.
Cotton (common), 6 rolls.
Creolin (crude), 4 oz.
Cups (collapsible), 2.
Cups (drinking), 2.
Diapers, 1 doz.
Dictionary (medical), 1.
Directory (charity), 1.
Directories (street), 2.
Dispensary Gowns, 2.
Distillata Water.
Douche Bag.
Douche Pan ("Perfection"), 1.
Douche Tips, 2.
Dressing Bags* (see note below), 2 doz.
Droppers (medicine), 3.
Dutch Cleanser, 1 box.
Elastic Bands (assorted), 100.
Enema Tips, 2.
Envelopes (commercial), 2 doz.
Envelopes (pill), 1 doz.
Envelopes (for bedside record left in patient's house), 12½ doz.
Envelopes (stamped), 150.
Eraser, 1.
Feeding Tubes, 2.
Filing Box, 1.
Foolscap, 1 doz. sheets.
Forceps (dressing), 2.
Funnel, 1.
Gauze, 3 yds.
Glycerine, 8 oz.
Graduate (glass), 1.
History Cards (social), 150.
Hot Water Bags, 2.
Hypodermic Syringe and Case, 2.
Hypodermic Needles, 2.
Ice Cap, 1.
Ink (black), 8 oz.
Ink (red), 4 oz.
Ink stands, 2.
Instrument Cases, 12.
Iodine, 2 oz.
Irrigating Point, 1.
Jars (glass—dressing), 3.
Knife (pen), 1.
Labels, 1 box.
Larkspur (Tincture of), ½ pt.
Linen (old).
Linseed Oil, 6 oz.
Listerine, 1 pt.
Lysol, 1 pt.
Map (city, with district outlined), 1.
Matches (safety), 2 boxes.
Needles, 1 paper.
Nightgowns (children's cotton), 3.
Nightgowns (children's flannel), 3.
Nightgowns (men's cotton), 3.
Nightgowns (men's flannel), 3.
Nightgowns (women's cotton), 3.
Nightgowns (women's flannel), 3.
Obstetrical Packages (5 pads in package), 75.
Ointment (ammoniated mercury), 1 lb.
Ointment (boric acid), 2 lbs.
Ointment (sulphur), ½ lb.
Ointment (zinc), ¼ lb.
Ointment Boxes (tin), 6.
Olive Oil, 1 pt.
Orange Sticks, 2.
Pail (dressing), 1.
Paper (carbon), 3 sheets.
Paper (parrafine), 1 roll.
Paper (shelf), 1 roll.
Paper (sputum), 50 sheets.
Paper (wrapping, 27 in.), 1 roll.
Paste, 1 bottle.
Pencils (black), 6.
Pencil (red), 1.
Penholders, 3.
Pens (assorted), ½ box.
Pen Tray, 1.
Peroxide Hydrogen, 1 lb.
Picric Acid, 2 oz.
Pillow Cases, 6 pr.
Pins (safety), 3 doz.
Pitcher (white enamel), 1.
Plate (electric or gas), 1.
Powder Shakers, 2.
Probes, 2.
Records (bedside), 150.
Records (bedside, continuation), 125.
Records (daily), 175.
Records (social history), 135.
Records (statistical), 175.
Rectal Tube, 1.
Rubber Gloves, 2 pr.
Rubber Sheeting, 1 yd.
Ruler, 1.
Scissors (common), 2 pr.
Scissors (surgical), 2 pr.
Scalpel, 1.
Scoop, 1.
Scrap Basket or Pail, 1.
Scratch Pads, 1 lb.
Sheets, 6.
Shelf Covers (muslin), 6.
Sign (Visiting Nurse Ass'n.), 1.
Silver Nitrate Solution (1%, 2 tubes in box), 2 boxes.
Soap Boxes, 2.
Soap Dish, 1.
Soap (green, German liquid), 1 pt.
Soap (Ivory), 3 bars.
Sodium Chloride (tablets), ½ lb.
Spatula, 1.
Spindle, 1.
Sponge and Cup, 1.
Sponges (gauze, packages), 225.
Strychnine (1-60 gr.), 2 tubes.
Syringe (ear), 1.
Syringe (small glass), 2.
Talcum Powder, 4 oz.
Tape Measure, 1.
Tea Kettle (enamel), 1.
Thermometers (bath), 2.
Thermometers (clinical, mouth), 2.
Thermometers (clinical, rectal), 2.
Thimble, 1.

Thread (black), 1 spool.
Thread (white), 1 spool.
Thumb Tacks, 1 doz.
Tongue Depressors (wooden), 75
Tourniquet, 1.
Towels (bath), 2 doz.
Towels (dish), 3.
Towels (hand), 4 doz., or
Towels (paper), 3 rolls.
Vaseline, 1 lb.
Wash Cloths, 6.

*Experiments in using screw top boxes instead of dressing bags are proving very successful.

The Household Educator

JESSIE H. COLLINS

Since January 1914 a Household Educator has been employed by the Toledo District Nurse Association and the Thalian Anti-Tuberculosis Society of that city. The instruction given by her concerns ventilation, the value of fresh air as a preventive of disease; sanitation, with regard to the disposal of refuse, care of sinks, extermination of flies and vermin; the care and feeding of children; household economics, economical purchasing and preparation of foods; personal hygiene, care of the teeth, hair, body and finger nails; domestic hygiene, cleaning of floors, care of the pantry, washing dishes, making beds, etc.; besides giving cooking lessons to the mothers and the children in their homes.

The Household Educator has a committee of five ladies, representing both of the societies mentioned above. Of these five, one is chairman and another secretary. They meet with her once a month to discuss any particular problems that may arise. She has a supply closet furnished by ladies interested in her work, which contains kitchen utensils, cooking materials, tea-cloths, towels and soap. A weekly report is sent to the president of each of the supporting societies, giving a detailed account of the demonstrations given; also a monthly report giving a summary of the total visits made.

The problem of the adolescent girl is so important that a "Big Sister" movement has been started. There are fifteen ladies acting as "Big Sisters" to delinquent girls. Although this work is young, yet much can be done in helping the girl to make another start in life if the right influence is brought to bear on her. Experience has shown that the girls respond to right treatment. The Big Sisters meet with the Household Educator once a month and each

Sister gives an oral report of the visits made and what has been done to help the girl. The ladies are very much interested in this movement and I am sure that in time they will be able to bring about the desired results.

During the year 1914 I have worked with seventy families which have been referred to me by the District Nurse Association and the Thalian Anti-Tuberculosis Society, making a total of 1,348 visits in the homes, 939 of which were instructive visits, 191 friendly visits, 471 miscellaneous visits; 480 demonstrations were given in cooking, 140 of which were mothers' classes. Also 46 girls' classes were held, at which the average attendance was seven.

As a result of these visits 21 families have been referred to the Federation of Charities for groceries, coal and clothing; 64 cases reported to the District Nurse Association; and 13 cases to the Thalian Anti-Tuberculosis Dispensary; 21 complaints were made to the Board of Health about unsanitary toilets, wells and cisterns. In a number of cases the wells and cisterns were ordered closed. 31 complaints were made to the street cleaning department about unsanitary yards, for failure to collect garbage regularly and to ask the department to remove debris from alleys, and also dead cats and dogs. Three buildings not fit for habitation were reported to the Building Inspection Department. Six complaints were made to the landlords of houses that needed renovation. One case was reported to the city solicitor; three to the family physician; six children were reported to the truant officer, because I found them habitually playing truant. The city doctor was notified of twelve families which were unable to afford a private physician. Three cases in which the children were sadly neglected, were reported to the humane officer. Fourteen cases have been taken up with the Juvenile Court, and nine with the Special Case Committee, with the result that seven children have been committed to the Miami Children's Home, seven to St. Anthony's Orphanage, two girls to the Good Shepherd Home,

three to the Luella Commings Home, and two girls are now on probation. Five cases of girls under fifteen years of age who were working in a shooting gallery until ten and eleven o'clock in the evening were reported to the factory inspector. One case was reported to Probate Court. Action was taken upon all cases reported and very satisfactory results were secured.

During the summer months much of my time was devoted to teaching the mothers how to get rid of flies and vermin. About sixty demonstrations were given on screening windows, and literature in both English and Polish, on the danger of flies, was distributed. Lessons were given on the care of the garbage pail and six garbage pails were furnished to families that were unable to purchase them for themselves. Special instruction was given to the mothers on the care of their babies. Forty-three sewing lessons, fourteen crocheting lessons and seventeen cutting-out demonstrations were given to the mothers in their homes. Two sewing classes for girls were held every week, one in the Ironville School and the other in the Polish district; the average attendance was twenty. As soon as the public schools re-opened these classes were discontinued, a test in sewing was given and prizes awarded to the girls that did the best work.

A Virginia Garden contest was started. A lady furnished flower and vegetable seeds to about seventy children and fourteen prizes were awarded to the boys and girls who made the best gardens. Fifteen dollars was given in prizes, and a diploma, which consisted of a framed picture of a garden or scene and a card attached certifying that the child had honorably won a prize. The results from this particular work were very gratifying; it kept the children employed in useful work and they showed keen interest; also, the civic and aesthetic value was very noticeable, inasmuch as the filthy yards were replaced by beautiful little gardens.

It may be of interest to some of you to have the point

of view of the mothers in regard to this work. They have on several occasions expressed their gratitude to me for the trouble taken in teaching them how to cook. Judging from the remarks of the women, the men appreciate the instruction given to their wives and are longing for another taste of good soup, corn-bread and rice pudding. It was encouraging to me to have one of the mothers say that she appreciated so much that her daughter was being taught how to cook; now she can return from a hard day's work to find a palatable meal on the table instead of having to prepare it herself.

I feel that this work is reaching the fundamental problems and gives not temporary relief, but a permanent foundation of better living conditions in the homes of the poor.

The following are two typical examples of a Household Educator's work.

An Italian family, consisting of man, wife, seven children, ages varying from three months to eighteen years, and three boarders were all living in a three room house which was scantily furnished and very dirty. The furniture consisted of two tables, two trunks, a sewing machine, four beds, a stove and five chairs. The pantry was nearly empty, there being only one cup, four plates, several spoons and forks and one huge knife. The only cooking utensils were two stew pans and a small saucepan. The beds were unmade, floors not swept, accumulation of dirt under stove, windows dirty, newspapers being used in place of curtains; dishes, pots and pans not washed, garbage strewn on floor and hundreds of flies present. The children were lousy, dirty and inadequately clad and fed. Vegetables and groceries were kept under the bed.

The Household Educator taught the mother, father and girl of fourteen how to wash dishes, pots and pans clean, how to sweep the floor and dispose of rubbish, garbage, etc.; make a bed properly, clean the windows, and to

use curtains instead of newspapers; clean a pantry, wash the children clean and care for their hair.

Demonstrations were given in making potato, tomato, onion and vegetable soups, rice and tapioca pudding, macaroni and cheese, oatmeal, cocoa, cornmeal mush, potatoes cooked in different ways, mock cauliflower and other kinds of vegetables. Also instruction was given on the most economical way of purchasing foods.

When showing the mother how to cook oatmeal, Martha exclaimed "The Federation of Charities once upon a time sent some oatmeal, but we did not know what it was to be used for, so we put it in our coffee."

Also, they had never made or tasted rice or tapioca pudding, but they thought it so good that they celebrated the christening of their baby by eating a rice pudding. When telling the mother about the importance of cleanliness, she remarked, "Oh, we only clean house in old country once a year, and then we clean it good, but it has to last."

This mother has expressed her gratitude to the Household Educator for coming to her home and teaching her the art of home-making. She is showing her appreciation by keeping her children and the house very much cleaner and tidier. The sitting-room and bed-rooms have been papered, new linoleum put down, another stove and bed added to their furniture. The cistern has been cleaned. The boarders were dispensed with, thereby making adequate sleeping quarters for the children. The pantry has a cup and plate for each person, also a double-boiler, strainer, grater and cooking spoon.

The family are very much healthier and happier now that they have learned the difference between dirt and cleanliness. They now prefer the latter, whereas before the Household Educator visited the home they seemed to revel in dirt.

A Cooking Lesson.

Last Saturday when I arrived at Pauline Kobylinski's house I found seven Polish children, ages varying from ten

to fourteen, all in readiness for their lesson. Each child had on a nice clean apron, hair neatly combed and hands very clean.

The kitchen was very scantily furnished. The furniture consisted of a table, one chair, a stove and a small cupboard. Inside the cupboard were a few odd plates, some cups with the handles broken off, a pitcher and a few eatables. Hanging on the wall were one or two pots and pans, which were half burnt and very dirty.

The subject for our lesson was corn-bread, which, strange to relate, not one of the children had ever tasted. Each child was assigned a task. Pauline tested the oven and saw that it was the right temperature. Katie measured one cup of flour and one cup of corn-meal. Louise measured four teaspoonfuls of baking powder, a quarter of a cup of sugar and half a teaspoonful of salt. Helen beat the egg and added the milk, enough to make one cup of liquid. Venda greased the pan and melted two tablespoonfuls of butter. Martha mixed the dry ingredients all together and then added the liquids. Each child took a turn at beating the mixture. Leona poured the mixture into the pan and then put it into the oven to bake for about thirty minutes.

In the meantime, each child recited what she had prepared and cooked at home. Pauline Kobylinski reported that she had made macaroni and cheese twice, rice pudding once, cocoa four times, potato soup twice and cornmeal mush three times; thus securing sixty points for homework. Each child is given five points for any dish prepared and cooked at home by herself; also five points for washing dishes and writing out receipts neatly. The two children who obtain the highest marks by Christmas will receive a prize.

Today happened to be the day for awarding the prizes. Louise Scherloski won the first prize, which was Grimm's Fairy Tales. Helen Kobylinski won the second prize, for which she received a pair of kid gloves. Both children were highly delighted with their gifts. Leona Czyeweski, who

had rather low marks, managed to obtain the prize for regular attendance and punctuality; she had never been absent or tardy. Her prize was Hans Andersen's Fairy Tales. The other children wore rather sad countenances because they had not won prizes; but, to their great surprise, there was a Christmas gift awaiting each child. Needless to say, the expressions on their faces quickly changed into bright and happy ones. Each child became very busy and opened her package, which contained a pretty hair ribbon, and a small package for her mother. This pleased them very much.

The corn-bread was now cooked. Helen placed on the table four plates and three saucers, as there were not enough plates to go round. The children sat round the table on boxes and chairs, which were carried from the other rooms, and each partook of a slice of corn-bread and enjoyed it very much.

The result of the children's cooking class is effective, both for the child and for the mother, inasmuch as the mother cleans up the home and gets it in readiness for the class and also is much interested in the lesson.

Treatment and Nursing Care of Varicose Ulcers in District Homes

Mary Augusta Pritchard and Mary E. Strain

When we were asked to prepare a paper on the "Treatment and Nursing Care of Varicose Ulcers in District Homes" our first thought was "What can we write that will be worth while upon such a dry subject?"

Considering the fact that in 1913 the Visiting Nurse Association of Chicago cared for 254, and in 1914, 255 new cases of varicose ulcers and that on December 1st, 1914, there were 21 cases of varicose ulcer which had been on the books for more than one year, it would seem as if we ought to be able to get some good material from our own experience and the experience and observations of others, but when we began looking for literature upon the subject we found that very little had been written upon it.

Those of us who have cared for many ulcers know that we must expect to meet with discouragements, but we also know that patience and perseverance will accomplish a great deal and the joy and comfort that often come to a patient when an ulcer of many years' standing really begins to improve and is finally healed, are certainly well worth all the time and effort spent upon it, to say nothing of the dangers and handicaps that we have removed from his way.

Dilated and tortuous veins are spoken of as varicose veins; this condition is dependent upon some interference with the flow of blood and lymph in the vessels—gravity plays an important part since the trouble is most common in the legs and found more often in tall than in short people. Age, disease of heart and blood-vessel walls, venous obstruction due to abdominal tumors, pregnancy, and constricting clothing, such as circular garters, are important factors. (Buck) Varicose Veins have frequently been known to follow a long illness, such as typhoid fever or pneumonia.

As a result of the gradual dilatation of the veins, the valves become insufficient and this further interferes with venous return. The common complications are rupture with resulting hemorrhage, thrombosis, phlebitis, periphlebitis, cellulitis and ulcer.

Occupation is another important factor as muscular contractions and relaxations constitute the chief aid to venous flow; hence it is not surprising that people who have to stand for hours at a time (such as washwomen, car-motormen, etc.) suffer more than people who change their positions frequently. (Buck)

These reasons are not of themselves, however, entirely sufficient to explain the occurrence of varicose veins, as these are quite wanting in some patients with large abdominal tumors, nor is the change necessarily due to the atrophy of old age as they are often noticed before the fortieth year, and in many instances before the twenty-fifth. It is equally difficult to explain why the veins of one leg should be worse than the other or why in certain persons the large veins are chiefly affected and in others the small radicles in the skin. (Buck)

Varicose ulcers include those primarily due to faulty nutrition of a part drained by varicose veins and may be defined as a progressive loss of substance in the skin which has been the seat of inflammatory changes that have gone on to granulations. This continued loss of substance is not due to death of visible portions of tissue (in which case there would be gangrene) but to degeneration of cells or death of microscopic portions of tissue known as molecular death. (Cheyne & Burghard)

The initial ulcer is small—one-half inch in diameter or less, and is usually due either to a slight abrasion or to the breaking down of a periphlebetis around a small vein. The symptoms are those of an acute inflammatory condition, the base is usually only slightly depressed, is of grey or dirty yellow color or sloughing in appearance, there are few or no granulations, edges clean cut; soft and inflamed, sur-

rounding tissue red and congested— discharge sero-purulent or blood stained. Such an ulcer may granulate and heal or may spread and become chronic; at this stage there is more or less pain. (Buck)

The chronic varicose ulcers which we have seen in the districts varied in duration from three months to nineteen years when first seen by the nurse. A typical one is irregular in shape with sloping or undermined edges which may be indurated and adherent to subjacent tissues. There is a more or less wide zone of redness or blueness and infiltration of skin about the ulcer; its base may be covered with flabby granulations or greyish sloughs (especially in old neglected cases) or it may be smooth and glazed with a thin scanty secretion or may discharge a great deal of sero-purulent fluid. After a few days of treatment the sloughs usually disappear—the surface of the ulcer looks clean, and healthy granulations may be seen dotting its surface. The inflamed area about it becomes pink or bluish white (due to new blood vessels showing through the newly formed translucent epithelium) and the secretion is less purulent. (Sequeira)

The ulcers may be single or multiple, small, or large enough to entirely encircle the leg and occupy some length they may enlarge by gradual extension of one or by the junction of several small ulcers.

Not all ulcers occurring in patients with varicose veins can be attributed to this varicosity as either tuberculous or syphilitic ulcers may occur in conjunction with varicose veins. The location of the ulcer is of great significance in making a diagnosis, as the varicose usually occur on the inner side of the lower one-third of the leg and are associated with some oedema and pigmentation of the skin.

The tuberculous ulcer usually occurs higher up on the leg and in younger subjects, and is often associated with diseased bone. Its base is soft, pale and covered with feeble granulations, frequently sloughing, and discharging a thin watery fluid containing greyish shreds of tuberculous

debris. Edges are dull blue or purple, gradually thinning out toward their free margins. The most characteristic feature of the edges of a tuberculous ulcer is that a probe can be passed for some distance between the floor of ulcer and the thinned out edges. The outline is irregular and often perforated. Pain is seldom present. (Greene)

The syphilitic ulcers usually occur on the upper half of the leg or in the outer malleolar region and are usually kidney or horseshoe-shaped with a serpiginous outline—they lack the inflammatory symptoms of the varicose ulcer and are *punched out* looking with perpendicular edges. They are more often multiple and associated with old scars. (Sequiera). It is the opinion of Doctor Philip Shaffner, of Chicago, that many of these "apparently pure and simple varicose ulcers are on a syphilitic basis and they respond to anti-syphilitic treatment."

Dangers.

The prompt and patient treatment of Varicose Ulcers is a matter of great practical importance. An ulcer is not only an immediate cause of suffering to the patient, crippling and incapacitating him for his work but is a distinct and constant menace to his health. An ulcer may closely overlie an inflamed vein, the rupture of which might cause severe hemorrhage. The prolonged discharge reduces his strength and the open sore is a possible source of infection by the organisms of suppuration, erysipelas or other specific diseases. Phlebitis with the formation of septic emboli leading to pyemia is an ever present risk and in old persons it is not uncommon for ulcers of long standing to become the seat of epithelioma. An ulcer may be so deep as to involve the bone, causing osteo-periostitis or osteo-myeletis. In addition to these, the offensive odor of the ulcer renders the patient, in many cases, a source of annoyance and discomfort to his friends and the expense incurred for dressings is a constant drain on his limited resources. (Greene)

A patient with an open ulcer is *subject to all ordinary septic diseases.* (Cheyne & Burghard)

Most doctors agree that absolute rest in bed with limb elevation should be insisted upon, but to most district patients this, of course, is out of the question. However, as much rest as possible should be got and the limb kept elevated while patient is sitting down. Dr. Foote says that all ulcers can be healed by ambulant treatment, if due to local causes, and an ulcer healed while patient is up and about usually remains healed, with ordinary care, while those healed while patient is in bed often break down when he resumes his usual mode of life.

Some ulcers can be healed in a few weeks, while in others, months of faithful treatment are required to coax a growth of epethelium over the granulating area, but regular treatment, faithfully carried out, will heal many ulcers. A few cases due to constitutional causes are not amenable to treatment but these are very rare exceptions.

Different cases require different treatment since so many different factors contribute to their causes. When a single remedy is advocated as a sure cure for all ulcers it is evident that the experience of its advocate is limited, or his observations careless. When one measure has been used for a week or so with good results and then its influence wanes, improvement may follow a change to another agent of the same class. (Foote)

Ulcers complicated with eczema give the most trouble as care must be used not to apply irritating solutions. A swab soaked in crude petroleum may work better in cleansing these cases and will often relieve the itching. Where there is a wet eczema, lycopodium or other dusting powder often works well. (Deutsch)

Among various drugs used to stimulate granulations are, Balsam of Peru, Iodine, Silver Nitrate, Compound Tincture Benzoin, a solution of Carbolic and Iodine 1-3, or one of Camphor and Carbolic equal parts, ichthyol ointment, ichthyol and zinc oxide mixed, and boric ointment.

These stimulating agents are entirely out of place until infection is cleared up and the ulcer in clean condition. (Deutsch)

Moore reports splendid results by treating the ulcer for four or five days with moist dressings to clear up infection, then applying calomel powder and adhesive strapping—changing daily at first and later every second day. He claims that one of the truisms of surgery is that *pressure promotes* absorption.

Unna's *casts* are often used and when the ulcer is clean and not too deep, may be applied directly over the area involved and left on for several days or until saturated with discharge. These may be used on deeper, discharging ulcers, and consequently much earlier in the treatment, by cutting a window in the case and dressing the ulcer daily through this opening. The advantage of this treatment is the firm and even support given by the cast.

The formula for Unna's paste is

Gelatine, 4 parts
Zinc Oxide, 4 parts
Glycerine, 10 parts
Water, 10 parts

Dissolve the gelatine in water (using a double boiler) mix glycerine and zinc oxide, add to above and heat till a smooth paste is formed.

To apply—immerse a loosely rolled gauze bandage in the paste till thoroughly saturated, then apply evenly from the ball of the foot to the knee; never reverse the bandage, as this is apt to form a constricting ring; rather cut the bandage and start again.

These should be applied after the limb has been elevated for a time, preferably before the patient arises in the morning. Keep limb quiet till bandage is dry.

Under the most favorable conditions epithelium can hardly be made to grow on the leg at a faster rate than 1-8 of an inch per week. This would give one month as the shortest possible time for the healing of an ulcer one inch across—provided the whole ulcer involves the entire thickness of skin so that no islands of skin grow up in the center. (Foote)

Sigmend Deutsch studied 100 cases of ulcer in the Vanderbilt Clinic, New York and summarizes his observations as follows:

"The average rate of growth of epithelium is in direct proportion to the size of the ulcer; in the majority of cases the average rate of growth is from 2-3½ M.M. per week and ranges from 1.4 M.M. to 10.5 M.M.

The time required for the healing of an ulcer is in no proportion to its duration; an ulcer of four months' standing will not heal quicker than one of four years' standing, other conditions being equal." Deutsch agrees with Foote that each ulcer must be treated as an individual case and on its own merits.

To show the difference in the attitude of doctors and nurses in general regarding the frequency of dressing, our Visiting Nurse Association records furnish the following figures:

One ulcer received 681 visits in 18 months, another 119 visits in 2 years, another 59 visits in one year, another, 248 visits in 14 months and another 73 visits in 18 months.

We know from our own observations that in order to do justice to these cases we must get away from the more or less traditional idea that an ulcer is "just a chronic", that the treatment is usually only palliative, and that two or three visits a week are sufficient, leaving the rest to the patient.

We should regard every ulcer as a hopeful case until months of faithful care have proven it otherwise and the dressings should not be left for the patient to do as the most intelligent person cannot do a dressing on himself as well as a good nurse can do it for him. The average district patient is likely to do much more harm than good if allowed to do his own dressing.

The first thing to do in the treatment of any ulcer is to clear up the infection and get it in a clean condition. We have had good results in district work by first immersing the leg in an antiseptic solution (lysol 1%) for 10 or 15

minutes, then cleansing ulcer carefully and applying hot boric dressings. These are covered with oil silk or waxed paper so arranged that the patient can pour solution over them often enough to keep moist without disturbing dressings. It is best to let the protective extend an inch or so above the bandage to keep it from getting wet. The bandage should be applied from the ball of the foot to the knee and a white stocking should always be worn.

After this treatment has been kept up long enough to get the ulcer clean some of the drugs or ointments already mentioned are usually applied, to stimulate granulations. Excessive granulations are rarely seen on varicose ulcers but if they do occur, they may be touched with silver nitrate pencil—this should never be applied within ¼ inch of skin margin for fear of injuring epithelium. (Foote)

When granulations are as nearly as possible on a level with the skin it often helps to promote growth of epithelium to go back to the moist dressings. (Foote)

When an ulcer is healed we must see that measures are used to prevent its return. Instruct the patient to see a physician at once for any slight abrasion which becomes at all inflamed. Teach him to wear an elastic stocking or bandage *every day of his life.* An elastic stocking usually gives better results as few patients can be taught to apply an elastic bandage properly. A white stocking should be worn under the elastic one for sanitary reasons.

Regardless of the type of vein support used, during treatment and after it, bandage, stocking, etc., it is absolutely necessary that same is applied before the patient steps his foot out of bed. In other words, the desired compression effect of the support is obtained only when the veins are emptied of their blood, such as occurs after the patient keeps his feet off the floor as at night, etc. As soon as he steps on the floor the veins become distended and it is then impossible to completely obliterate their lumina, which is what we strive for in curing these cases. (Shaffner.)

Before describing some of our own cases we wish to

emphasize the necessity of daily care, as this, with rest, support and the general building up of the patient, is, we believe, the chief factor in the healing of an ulcer under ordinary conditions.

Mrs. B., 50 years old, had worked very hard all her life. We were called to this case on account of a severe hemorrhage from a ruptured varicose vein—found in addition an ulcer of fifteen years standing, one and one-half inches in diameter—very badly infected and very painful.

Took patient to a dispensary where surgeon examined her and ordered hot boric dressings till ulcer was clean and beginning to granulate. Then iodine was ordered and later Compound Tincture of Benzoin (which supports the surrounding tissues and stimulates granulations) patient going back to dispensary once a week for observation.

Ulcer was entirely healed in six weeks with daily care. Patient was sent to a hospital and varicose veins removed —the Visiting Nurse Association purchased an elastic stocking for her and when seen a year later she had had no return of her trouble.

This patient was easily persuaded to keep off her feet most of the time on account of her fear of a recurrence of the hemorrhage. This inactivity accounts largely for the rapidity with which this ulcer healed.

Mrs. R., age 70, had an ulcer of five years' standing—size about one and one-half inches across and three inches long—healed after six weeks' care.

Treatment—ulcer cleansed with lysol solution and hot boric dressings applied during first stage—then boric ointment dressing till ulcer was healed. The chief factors were daily care and rest with limb elevated. The fact that her general health was good and she was not obliged to be on her feet favored the healing.

This not only meant the healing of the ulcer to the patient but a home for the rest of her life. We were able to place her in a good Home for the Aged which would not have admitted her had she had an open ulcer.

We would like to be able to say that all ulcers were hopeful if properly cared for, but as we have already mentioned there are a few exceptions. We know of one case which is a very good example:

Mrs. E., 97 years of age, has had an open ulcer for more than fifteen years and has been on the Visiting Nurse Association books for ten years and will be until she dies. She was sent to a Home once but was dissatisfied and came back to the Visiting Nurses. The ulcer measures about three inches in diameter. Treatment—foot and leg immersed in lysol solution 1 per cent for ten or fifteen minutes, ulcer cleansed and stimulating ointment applied. The right leg was amputated just after we found her on account of a neglected ulcer of long standing. The old woman is very unclean and interferes constantly with her dressing.

Had this ulcer been properly cared for years ago it might have responded to treatment, but on account of her age, her poorly nourished condition and her refusal to rest at all we could not expect much improvement after we got this case. We console ourselves, however, with the fact that we have been able to make her comfortable and to prevent the spread of the ulcer. In order to accomplish even this much, daily care has been necessary. More than 3,000 visits have been made at this home.

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Stories Told by Nurses

That Polish Coat

MARTINE CUTTER

The Schertenlieb family was a chronic problem. The mother came to me in April and asked for a coat for Lydia, aged fourteen, who wished to spend her Easter school vacation in the country. Having no clothing in my storeroom, I referred Lydia to the Bureau of Social Service. Result: This letter from Lydia's younger sister, Freda.

'April, 1914.

"Miss C.———

"That coat is all tore and is no use fishing (fixing) it up and mama says that you should not send no more, she says that Polish people ware that coat and then ma wants to send that back and not welcome for that coat because it isn't good for us. We are poor but we won't ware that coat. That lady should be a shame for sending that coat and she shouldant come wants (once) more orulse (or else) ma will find something to do to you and Lydia gose to the country and when we come their (there—Bureau of Social Service office) after something wy you'd Kick, it's a nice letter and you out (ought) to be setsfid.

"Welcome from all,

"Miss Freda & Mrs. Schertenlieb."

Roses or Roosters?

Over the hill lies "Little Poland." On the very edge of town it looms up in the midst of a network of railroads and factories. Every day for a month I had visited this district, because Julia was sick.

Now Julia, a dear little baby of two years, one unfortunate day had happened too near the family teakettle, boiling over with its scalding water.

One day the children on the street came to meet me.

"Oh! Miss C——," they said, "no baby!" And there were tears in their big brown eyes. "But there's a lovely white silk rag on the door," they added; "and mama says

we can give you some roses or roosters, because you dressed Julia's sores so pretty."

It was a month later and I was leaving that little town where over the hill lies "Little Poland," and was on my way to Cleveland. It was just five minutes before the departure of my train.

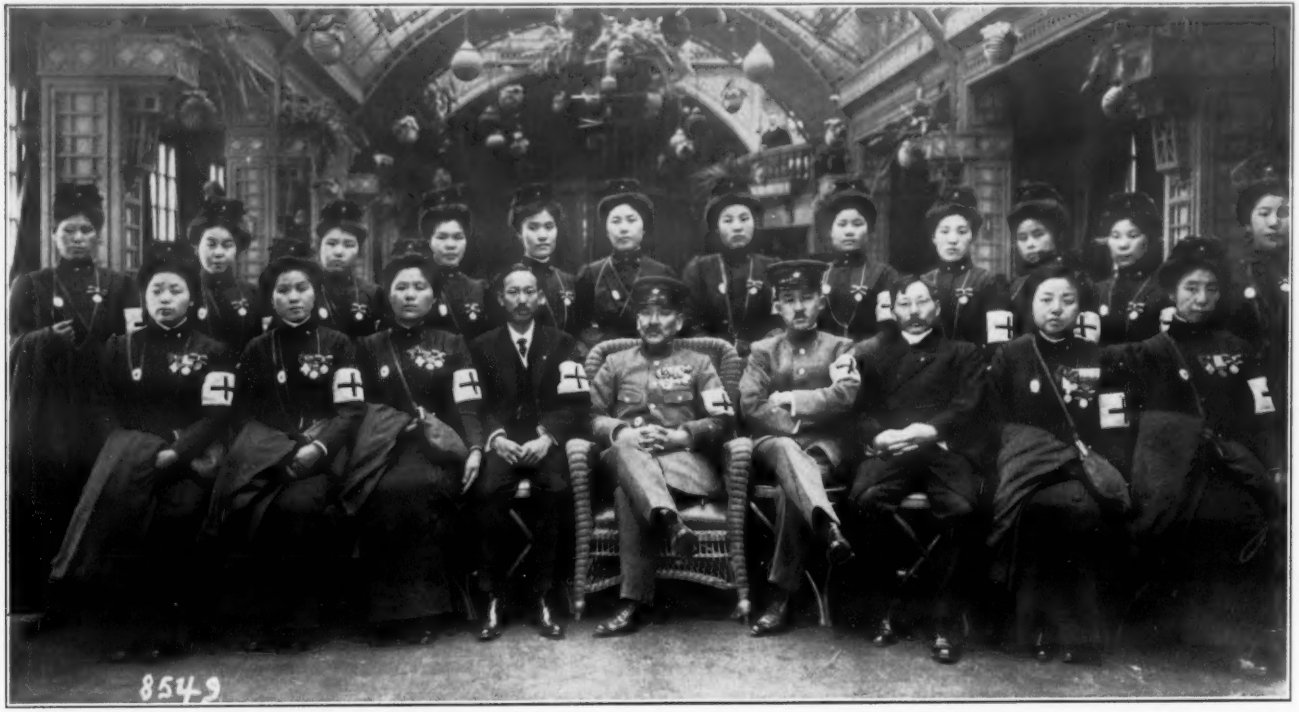
Down the station platform came a small child with a basket under her arm. I looked again; it was little Sophie, Julia's sister. She saw me and rushed to my arms.

There was no alternative. I had to take the basket and—the roosters!

News Notes

An interesting event took place recently at Columbia University, when Miss Nutting and the Department of Nursing and Health gave a reception to the doctors and nurses of the Japanese Red Cross Unit, on its way to England. The group is comprised of seventeen nurses, two surgeons, an interpreter and a business manager; Surgeon General J. Susuki, retired, of the Japanese Navy, is in command of the party. A finer looking group of nurses could not be found; several wore many medals which they had received in the Chinese-Japanese war, the Russo-Japanese war, the Boxer Uprising in China, and in various national catastrophies. The reception was attended by many eminent doctors, professors, scientists, nurses and others. Speeches of welcome were made by Miss Nutting and Miss Goodrich, and Miss Delano spoke for the American Red Cross Society. Responses were given by the Consul General Takamura and Surgeon General Suzuki. A group of Japanese young ladies, students at the university, helped to make the travellers feel at ease by talking to them in their own language; it was found, however, that the surgeons and several of the nurses spoke English, while others, who do not speak it, understood much that was said to them. Miss Hardo, one of the Japanese students at Teachers' College, played the Koto, and sang a song called "The Sea Gulls," which she later translated into English and explained that it is a favorite song in Japan, because the sea gulls are supposed to bring happiness and good fortune. The guests then sang the Japanese national hymn, and the reception closed with the singing of "America," in which both Japanese and Americans joined.

On the following day the Japan Society gave the Unit a most enjoyable luncheon at Hotel Astor, inviting various members of the Red Cross Society, nurses,



JAPANESE RED CROSS UNIT ENTERTAINED BY TEACHERS' COLLEGE, JAN., 1915.

doctors, philanthropists, writers and others of note. Many speeches were made, that by Miss Elizabeth Skidmore being most noteworthy. She has spent much time in Japan and has seen the Red Cross doctors and nurses at work under severe circumstances. She told of the wonderful Japanese Red Cross organization which, in the number of its members and in endowment, is the largest in the world. It has an enrolled membership of nearly two millions, and an endowment of ten millions of dollars, which is many times larger than that of the American Red Cross.

The party sailed on the Megantic for England, and a group of nurses and friends went to bid them God-speed. Miss Mary Magoun Brown carried a box of boutonniers —yellow rose buds for the surgeons, orchids for the two superintendents and carnations for the staff nurses. These were given as a decoration from the American nurses to the Japanese nurses and doctors. As the ship moved away from her pier a hearty "banzai" ("May you live a thousand years and be happy!") was said, and handkerchiefs waved the party out of sight.

The Department of Nursing and Health of Teachers' College held an Alumni meeting on February 19th and 20th. At the first round table, of which Miss Bessie LeLacheur was chairman, reports were received from members in the field showing that many calls are being received for classes and lectures dealing with varied subjects, and coming from sewing societies, Camp Fire girls, Y. W. C. A. classes, teachers' institutes, etc., etc. In the general discussion which followed, it was agreed that the public health nurse should, whenever possible, take advantage of the special courses offered in public health work. If she cannot do this, she should, by reading and attending lectures, prepare herself to the fullest extent for teaching. Because of the generally accepted need of a bibliography, Miss Amerman was appointed

chairman, with power to choose a committee to work toward this end.

The second session opened with a brief business meeting; following which Miss Hall took the chair and called upon Dean Russell, who introduced the topic of "The University and Nursing Education." Dean Russell spoke on the meaning of social service in its larger aspects, the tendency of all types of education to pass from personal or group management to State or National control, and the probable development of the nursing education of the future. At the conclusion of this address several papers were read dealing with "Existing Affiliations between Nursing Schools and Universities." Miss Nutting gave a brief address of welcome and the members then adjourned for luncheon.

The National Conference of Charity and Correction has made announcement of the preliminary program for its forty-second annual meeting, to be held at Baltimore, Maryland, May 12 to 19. The conference will meet under the presidency of Mrs. John M. Glenn of New York, the second woman president it has ever had.

The program contains the names of over fifty leading charity workers and penologists, and it is anticipated the unprecedented social situation of the present year will result in a conference of unique values. The Program of "Health" will be under the chairmanship of Dr. Richard C. Cabot, of Boston. It will include a series of discussions on the social responsibility of the hospital and practical methods of social work in connection with hopitals, the chief speaker being Dr. William H. Welch, of Johns Hopkins Hospital, Baltimore. Other subjects will be: "A Pay Clinic for Persons of Moderate Means;" "The Distinction Between 'Intensive Cases' and 'Short Service Cases' in Hospital Social Work;" and "Social Education of the Physician," the latter subject being treated by Dr. Charles P. Emerson, Dean of the Indiana University Medical School.

The following letter, addressed to Dr. Lee K. Frankel, is of so much interest that we are very glad to be allowed the privilege of publishing it:

February 16, 1915.

Dr. Lee K. Frankel,

Metropolitan Life Ins. Co., New York City.

Dear Sir:—

It is too soon to know any permanent results from our attempt to teach English to some of our more promising mothers at Tewksbury. All I can tell you is that the class has been going now for about three months. We believe that we can more readily place a Polish girl with her baby at house work, if she can read her cook book and answer the telephone. We also believe that she will be less apt to slip back into the un-American lodging house surroundings from which she came. Our hopes are very modest, and we feel that if the class is simply a means of relieving the monotony of a great almshouse hospital, we shall be repaid. The Polish girls at first looked on the project with great disfavor. I saw them going into the library in a sullen herd, four or five of them together, the nurse urging them along. They came out quite radiant with copies of "The Child" in Polish, to have for home reading and to show to their friends. There has been no trouble since about getting them to go. The book is being used in the reading lessons, and later, when their English improves, will be taken up by the Social Service Nurse in a short course in hygiene.

We are using the French and Italian editions of "The Child" in the same way. They were recommended to us by the Massachusetts State Library.

We cannot expect to do the sort of work with our maternity cases that can be done in a private home. We are obliged to divert the more promising girls that come to us to the private societies of which there is an ample number in this State. Roughly, the ones who stay with us for confinement and for months of after treatment,

sometimes are; (1) girls with their second, third, fourth or fifth illegitimate child, (2) married women with an illegitimate child, (3) girls and women who have venereal disease, (4) girls of every possible type sent up by the overseers, too near confinement to make any investigation.

If there are any special questions you would like to ask about the Polish girls or the work at the State Dispensary in general, I will be glad to answer them, or if I can't, refer you to someone who can. We come across a girl from time to time who is holding one of your policies.

Again with thanks for your co-operation, very sincerely yours,

(Signed) Mary Byers Smith.
Visitor for the State Board of Charity, Andover, Mass.

The date of the third annual meeting of the National Organization for Public Health Nursing, which was announced as May 30 to June 5, 1915, has been changed to June 21 to 26, inclusive. This has been done in order that the three national bodies of nurses may be in session at the same time as the American Medical Association and the American Hospital Superintendents' Association.

The Clift Hotel, San Francisco, is to be the headquarters of the American Nurses' Association, and seventy-five rooms have been reserved from June 20 to June 27, inclusive. They are excellent rooms, new, and each contains twin beds and bath; the price is $5.50 for one *or* two, $2.75 each. Those who wish to avail themselves of these reservations should write early.

The Public Health Nursing Association of Indianapolis makes an interesting report for the year 1914. At the beginning of the year two nurses were employed, and in July a down-town office was opened and a Superintendent of Nurses, Miss Laura Wilhelmson, was

engaged. The staff has now increased to six nurses. Many means have been used to inform the public of the work of the Association; first a visit from Miss Crandall in January, when she met various members of the Chamber of Commerce at luncheon, and again at lectures open to the public. Silver teas have been popular, pleasant and profitable; the Health Pageant of July and the State Fair were also made use of as a means of gaining publicity. The Federation of Clubs meeting in Evansville arranged a round table discussion, and some publicity has been given the work in the newspapers. A great deal of effort has been put forth by directors and friends for the securing of funds, and an endeavor was made to secure an appropriation from the County Council, but with no results as yet.

It is interesting to note that visiting nursing in Indianapolis does not mean nursing the sick poor; and no class of people desiring hourly nursing has refused to call on the Association, from the Assistant Superintendent of a large department store to the poorest colored woman.

The Ohio Society for the Prevention of Tuberculosis has issued an interesting report for the month of January, 1915. Three organizations were effected for the month, these being the Social Service League of Xenia; the Public Health League of Salem; and the Public Health League of Bucyrus. The report also states that the Jackson Public Health League has now employed the services of a permanent public health nurse.

The State Organization of Public Health Nursing in the state of Washington held its third meeting at Seattle on March 3, last. Dr. J. E. Crichton, former commissioner of health of Seattle, was the principal speaker. Referring to the great service the public health nurse is doing in conserving the health of the community, Dr. Crichton said that the decrease of the mortality record in Japan because of the work of the nurses

during recent years is proof that the highly skilled and trained nurse has come to be an invaluable national asset.

The George T. Perkins Visiting Nurses' Association of Akron, Ohio, has just published its Second Annual Report. The Association employs nine nurses, four of whom are engaged in school work; an interesting feature in connection with the School Nursing is the formation of two Little Mother's Leagues. The membership numbers about 125 little girls, who are instructed in the necessity of cleanliness of the mind, the body, the home, the city, the food they eat and the water supply; it is hoped also, that they may be taught the care of the baby so that they, who are oftentimes the baby's keeper, especially in the summer time, will learn the fundamental principles of good health and be able to take their part in the fight against infant mortality. The leagues elect their own president and secretaries and appoint their own committees, and are received with the greatest enthusiasm by the children. The school nurses do the playground work in the summer, going the rounds of the parks and examining the children, doing dressings, etc., and are constantly on the alert for any signs of contagion.

A milk station was established last year, which is especially helpful in view of a shocking use in Akron, of prepared foods for babies, which would seem almost to amount to a crime against the child. During the summer an ice fund was created, and the Association supplied ice boxes made from wooden boxes in which was set a large pail. The inner space contained sawdust, a smaller pail held the milk and was surrounded with ice.

One nurse devotes all of her time to the care of the eye cases, she also keeps in touch with the midwives in the city and sees that they are supplied with nitrate of silver for the eyes of the new born. A number of cases might have lost their sight had it not been for the prompt

attention of the nurse; one case which was discovered was so bad that the little one had to be carried to a specialist every day for twelve weeks, including Sundays and holidays; but the reward was that the child's sight was entirely restored.

An interesting pamphlet has been issued by the Pennsylvania Railroad giving information as to the means taken to safeguard the health of its passengers. The methods used to protect food used in the dining cars from dust and germs; the testing of drinking water, and the examination every thirty days of all employees who have in any way to do with the preparation of food are noted and described; and interesting accounts are given of the way in which cars are ventilated and cleaned. In these days of long and frequent traveling, the cleanliness and proper ventilation of trains and street cars are matters closely affecting each one of us and this little pamphlet gives information on a subject concerning which every traveler should consider it his business to be well informed.

The Rhode Island Finance Committee of the National Organization for Public Health Nursing and the Rhode Island Visiting Nurses' Club held a meeting in the interest of Public Health Nursing on March 11, last. The meeting was held in the Library of the Rhode Island Medical Society, and was presided over by Justice William H. Sweetland of the Supreme Court of Rhode Island. Mayor Joseph H. Gainer of Providence, gave a most appreciative and stimulating address and paid a glowing tribute to Miss Garduer for the great work she has developed in Providence and Rhode Island. Miss Beard, who was also present, made a very wonderful address indeed; it was inspiring and inspiriting and filled the audience with enthusiasm for better and bigger work in the future. The meeting was followed by an informal reception.

The general plan of the committee is to have two meetings a year, one a public meeting for all nurses, managers, social workers, city and state officers of health and hospital officers, etc. in the State, to be given by the Rhode Island Finance Committee and the Rhode Island Visiting Nurses' Club; the other, a business meeting of the committee to be held after the Convention of the National Organization for Public Health Nursing, so that detailed reports of the Convention may be given and carried to the various associations in the State.

It is interesting to note that the Chairman of the Health Department of the Rhode Island State Federation of Women's Clubs is now a member of the Finance Committee, and public health nursing interests will, therefore, be presented to the Health Committees of all the Women's Clubs in the State.

Book Reviews and Bibliography

American Red Cross Text Book on Elementary Hygiene and Home Care of the Sick—By Jane Delano, R. N., Chairman of the National Committee, Red Cross Nursing Service; and Isabel McIsaac, R. N., Member of the National Committee, Red Cross Nursing Service. Prepared for and Indorsed by the American Red Cross. Published by P. Blakiston's Son & Co., Philadelphia. Price $1.00 net.

The authors of this little book are too widely known and recognized as authorities in all matters pertaining to nursing and health to require an introduction to the majority of our readers. The publication in question (the last from Miss McIsaac's pen before her fatal illness last year) should have a wide circulation. The knowledge therein contained is presented in simple language and deals with every day, practical details, which, if observed, should go far towards promoting the well being and happiness of the individual and the home. The chapters on the "Care of the Home" for instance, are concise but thorough, and of such a practical nature that women and girls applying this knowledge in their homes should be enabled to prevent to a large extent, the many evils resulting from its neglect. A working knowledge of bacteriology is well presented and the importance of clean hands with several examples of the manner of contamination, is made most emphatic. The value of demonstrations as a means of instruction is well taken by the suggestions for so doing at the beginning of each chapter. In Chapter XI, a sharp distinction is made between occasions for skilled care and the many minor ailments where a little elementary knowledge combined with intelligence and common sense may be all that is necessary to make the patient comfortable and hasten his recovery.

Attention is also drawn to the dangers of amateur nursing, and the suggestion made that, in cases of acute illness where expense must be considered and skilled care is necessary, the assistance of the visiting nurse may be a valuable aid, co-operating with the faithful and willing help of wife, mother, or sister.

The appendix, compiled by Miss Isabel Stewart of Teachers' College, New York, is not the least valuable part of the book. M. A. Samuel.

Obstetrical Nursing—By Charles Sumner Bacon, Ph. B.; M. D., Professor of Obstetrics, University of Illinois and Chicago Polyclinic; Medical Director Chicago Lying-in Hospital and Dispensary; Attending Obstetrician University of Chicago Polyclinic, Henrotin, German and Evangelical Deaconess Hospitals. Published by Lea and Febiger, Philadelphia and New York, $2.00 net.

Professor Bacon's little book on Obstetrical Nursing is full of helpful, clearly written, accurate detail. The chapters devoted to Anatomy and Surgery cover well a nurse's work. One is disappointed that more space has not been given to "the care and feeding of new-born infants".

The introduction to this book will serve as a reminder to all nurses specializing in obstetrical work that of them much more is asked than of any other nurses. Evidently Dr. Baem expects all business arrangements to favor the patient. Why should a nurse expect less than full return of her time while "waiting"? If successfull in her work she will be so much in demand that others are more than willing to grant her full remuneration. This "waiting" is often more of a strain on the conscientious nurse than the actual work.

Under the title of **"The House on Henry Street"**. a most interesting account of the Henry Street Settlement in New York, by Miss Lillian D. Wald, is appearing in serial form in the Atlantic Monthly. The first install-

ment came out in the March issue of the magazine. The history of this famous settlement by one who pioneered it and has been intimately associated with it ever since, cannot fail to be of the greatest interest not only to those who are engaged in undertakings of a like character, but also to all whose sympathies are called forth by the sufferings and struggles of their fellow men and the efforts of those who would help them and better their condition.

The Tuberculosis Nurse: Her Duties and Field of Work—By Ellen N. LaMotte. Published by G. W. Putnam's Sons.

(The review of this text book on tuberculosis nursing was not received in time for publication in this issue of the Quarterly, but it will appear later.)

The American Association for Study and Prevention of Infant Mortality has just issued the report of the transactions of its Fifth Annual Meeting, which was held in Boston, November 12-14, 1914. The volume contains 392 pages, and may be obtained by non-members of the Association at a cost of three dollars per copy, plus twelve cents for postage; application should be made to 1211 Cathedral St., Baltimore, Md.

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Tracy, Susan.—Invalid Occupations. (Whitcomb & Barrow.)

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Newsholme, Arthur.—The Prevention of Tuberculosis. (Dutton.)

Knopf, S. A.—Tuberculosis, a Disease of the Masses, and How to Combat It.

(Note: Requests have been received for the names of publishers of books contained in Miss Foley's List, which was reproduced in the January issue of the Quarterly. This information will be given gladly to anyone who cares to write and ask for it.)—Editor.

Letter from a Public Health Nurse on Red Cross Service

Pau, February 9th, 1915.

After leaving New York, the S. S. Red Cross made her first stop at Falmouth, England. The hills, together with the green fields divided by rows of hedges, presented a most glorious picture after eleven days of only sea and sky. We stayed at Falmouth about one week, and from here two units were sent to Paignton, England, and two units started on their long journey to Kief, Russia.

After a wonderful day and night on the Bay of Biscay, with the water as smooth as glass and with a most beautiful sunset on one side of the ship, and a most glorious moon coming up on the other, we reached our second port, Pouillac, France.

Two units, twenty-four nurses and six doctors, left the boat here to take special cars which took them to Bordeaux. In this city we were met by the American Consul, Mr. Bucklin, and his wife, and by members of the French Red Cross Society. As all of the hotels had been requisitioned by the government we were entertained in Pullman cars, sleepers and diners.

On Sunday evening, October 4th, we again had special cars (first class) to take us to our station, Pau. We arrived here at midnight, cold and tired after our strenuous day of sightseeing at Bordeaux. The lateness of the hour, however, did not prevent a large delegation from meeting us at the station and extending us a most cordial welcome. After listening to several addresses of welcome, which none of us were able to fully appreciate, we were taken in groups of four or six to the various large hotels, where we stayed until a place was found large enough to accommodate us all. Hotel de France,

where I had the good fortune to be assigned, was the headquarters of the American Red Cross; and nothing looked more beautiful to us in this delightful city than the Stars and Stripes floating over this hotel in our honor the morning after our arrival.

Pau is a city of over 35,000 inhabitants, is a health resort and is considered one of the most frequented of all foreign towns. The climate is particularly beneficial to those suffering from insomnia, nerves, bronchitis and the early stages of tuberculosis. It is situated at an altitude of 670 feet above sea level and is sheltered on the North and East by hills and on the South by the Pyrenees; thus the city is well protected from severe winds—in fact, wind is almost unknown here, this year being the exception.

"Le Boulevard des Pyrenées" is considered one of the finest promenades on the Continent, commanding as it does an extensive view of the snow-capped Pyrenees, which tower over a range of wooded hills, while in the valley lie the suburbs of Bizanos, Gélos and Jurancon, and the rushing "Gare de Pau," and near by the river "Ouser," the "Bois Louis," palms and semi-tropical trees.

All the hotels of Pau were threatened with being requisitioned by the government, so a syndicate was formed which agreed to equip the Palais d'Hiver with beds and linen necessary for a large hospital, providing the hotels were left open to the public. Thus the Palais d'Hiver was transformed from the gay casino to a beautiful hospital, and was turned over to the American Red Cross. It accommodates easily 200 patients and could take, if necessary, 250. It is a fine building, with a large centre hall laid out as a winter garden, where palms, bananas and other tropical trees are growing, with borders of beautiful flowering plants and bushes. Leading from this centre hall are the Opera House, "Salle des Fêtes," the reading room, the Baccara Club and dining-rooms. The whole building, excepting the Opera House, is in use by us. Beautiful parks and gardens surround

the Palais d'Hiver which, together with the magnificent view of the Pyrenees, make the situation an ideal one for the sick and wounded.

On October 16th we received our first patients, 30 in number, Shortly after, 62 more arrived; and so they come—lots of from 30 to 60, and from Arras, Amiens and Soissons. Many come to us right from the trenches, tired, wet and muddy. Most of them have been stretcher cases; many have wounds in the legs and feet; most of the wounds are infected before reaching us. There are medical cases, such as bronchitis, pleurisy, heart cases, rheumatism and typhoid fever; these latter (typhoid fever) are all sent to special hospitals.

The work of relieving and caring for the new patients is so systematically carried out that in a remarkably short time every patient is relieved of his wet and heavy clothing, placed comfortably in bed, given a warm cleansing bath, had his wounds carefully examined and dressed, treatment and diet ordered, and the hospital in good runninng order.

It is very pathetic to see the old patients carefully scan and almost peer into the faces of the newcomers, looking for some member of the family, a friend or comrade. It is also touching to see the old patients go about among the new arrivals to welcome them and make them feel at home, and to tell them all about the American Red Cross nurses and doctors.

The French soldier makes a splendid patient, so brave and very appreciative of every little attention; he never forgets his "merci beaucoup" for the least service. He is easily entertained, so that during convalescence, which is usually long, there is practically no trouble if there are plenty of cards, games and cigarettes.

The food for the patients is very good indeed, plenty, well cooked, nourishing and always served hot. Coffee is served at 7 a. m., "dèjeuner" at 10:30 a. m., and "souper" at 5 p. m. The Palmarine, or centre hall, makes a

splendid rest room, sun-parlor and dining-hall for all convalescents.

We hear many pathetic stories about the hardships of the soldiers in the trenches; and these have been greatly increased by the almost constant rain and bad weather for the past two months. Many of our patients have no idea as to where their families are, for those living in the Northern part of France have fallen in the hands of their enemy and there is no way of getting letters to or from them. One poor little quiet man says he simply can't sleep, for as soon as he closes his eyes he imagines the most terrible things happening to his wife and four little ones.

We become very much attached to our patients. They are so simple and child-like; and we always feel keenly the departure of any, for we know that in most cases, after a short period or visit at home, it means returning to the front, and then—?

We have had no difficulty in making ourselves understood or in understanding the patients; at first we talked in signs and gestures, but now most of us have enough knowledge of French to ask all necessary questions; some can even carry on quite lengthy conversations. Most of us have grasped the splendid opportunity for studying French.

The work is intensely interesting, in spite of the fact that Pau is quite a distance from the firing line. We have had some desperately ill patients, with recovery of all but two, one of which was a patient with a piece of shrapnel imbedded in the brain, and the other a young boy who developed septicarmie. We had one case of tetanus, which recovered; and thus far two leg amputations. The doctors have been very conservative in their treatment and operations, with excellent results.

There is a large American colony at Pau, and these staunch friends of the American Red Cross have helped wonderfully, giving generously of their time and money. One lady practically furnished our operating room, and she

gave the check sent her for a Christmas gift over to us for a stretcher. Another has filled the "lingerie" with shirts, flannels, socks, also bed linen. Two American ladies are in charge of our "lingerie," and are most faithful workers from 9 a. m. until 6 p. m. Some visit the hospital almost daily, going about among the patients and helping them with their comforting remarks, and cheering them with books, cigarettes, chocolate, etc., and writing letters for those unable to do so. We cannot say too much of the good these splendid women have done and are still doing.

The whole experience has been wonderful in many ways, but while "La France est tres belle, l'Amerique est plus belle pour moi."

Sincerely yours,

MARGARET LEHMAN.

THE JULY QUARTERLY

The July issue of the Quarterly is to be a special Children's Number, and will contain articles of particular value to Infant Welfare Nurse, School Nurses and all those who are interested in making our land a healthy, happy home for Childhood.

NOTICE

The Editor is anxious to obtain copies of the issues of the Quarterly for April and July, 1910, and for January, 1913. Twenty-five cents per copy will be paid for these numbers.

Communications should be addressed to the Secretary, Public Health Nurse Quarterly, 612 St. Clair Avenue, Cleveland, O.

UNIVERSITY OF PENNSYLVANIA

Post Graduate Course in Public Health Work for Nurses at the Henry Phipps Institute in affiliation with The Visiting Nurse Society and The Philadelphia Training School for Social Work, October 1, 1915 to May 31, 1916. The curriculum includes Lectures by the Medical Staff of the Institute; Practical Work in Hospital; Lectures at the University of Pennsylvania; Sociological Lectures, by the Faculty of the Philadelphia Training School for Social Work; Principles and Procedures of Public Health Nursing, under the auspices of the Visiting Nurse Society; Hospital Social Service. Opportunity is given for practical work in Baby Hygiene and in Social Service among the tuberculous. The tuition fee is $60.00 a year. Entrance blanks and outline of the curriculum will be sent on request to

DR. H. R. M. LANDIS

Director of Clinical Sociological Department

The Henry Phipps Institute, 7th and Lombard Sts., Philadelphia.

Special Courses in Public Health Nursing

The Henry Street Settlement will offer in conjunction with the Department of Nursing and Health of Teachers' College, a program of theoretical and practical work in public health nursing, designed primarily to meet the needs of students without previous experience, who wish a maximum of practical work.

The course will extend from September 20, 1915 to June 1, 1916, and will include in addition to classes at Teachers' College, field work in school nursing, tuberculosis and contagion, milk station work and with one of the relief societies of the city.

Information in regard to fees and requirements for admission may be obtained from Teachers' College, Columbia University, New York City. The class will be limited and applications should be received not later than August 1st.

RED CROSS VISITING NURSING

Nurses qualified as to training and experience in public health nursing and who prefer to work in a small town or rural district, may find splendid opportunities for such service through appointment as Red Cross visiting nurses.

Arrangements for a four months' post-graduate preparatory course will be made by the Red Cross for nurses who have not had the necessary training or experience. Preference will be given applicants with high school education or an equivalent.

Certain well established nursing associations are utilized as training centers for Red Cross visiting nurses, in some instances in conjunction with a university or other educational institution.

For details concerning courses and appointments apply to Superintendent, Red Cross Town and Country Nursing Service, Washington, D. C.
